

**FACTORS INFLUENCING JOB SATISFACTION AMONG HEALTH
WORKERS IN TANZANIA: A CASE OF KILIMANJARO CHRISTIAN
MEDICAL CENTRE REFERRAL HOSPITAL**

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**A RESEARCH THESIS SUBMITTED IN PARTIAL FULFILMENT OF THE
REQUIREMENTS FOR THE CONFERNMENT OF THE DEGREE OF
MASTER OF SCIENCE IN HEALTH SYSTEMS MANAGEMENT OF KENYA
METHODIST UNIVERSITY**

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DECLARATION

Student:

This thesis is my original work and has not been presented for any academic award at any other University.

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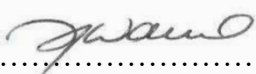
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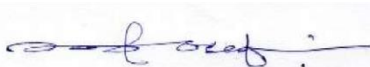
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DEDICATION

I am dedicating this work the following: To my dear parents in recognition of the outstanding efforts to raise me up and your commitment to work very hard in order to accrue money for my school fees. The work is also dedicated to all healthcare providers who have been working with absolute dedication to ensure that all people afflicted with illnesses recover the soonest possible: You have oftentimes worked so hard to a point of putting your own lives to risk; to all of you I dedicate this work. Lastly, I am dedicating this work to all individuals (both leaders and activists) who have passion to strengthen the health systems in Africa.

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ABSTRACT

In order to achieve improved and standard health care delivery, health workforce is of paramount importance. With the inadequate staffing of health workers in Tanzania which has well been reported, satisfied personnel is vital for effective and quality health service delivery. The broad objective of this research was to ascertain factors that impact job satisfaction among human resource for health in Kilimanjaro Christian Medical Centre (KCMC), Tanzania. This was a cross-sectional study, institutional-based. The target population was all health workers in KCMC. Sampling procedure was stratified probability sampling and a total of 257 respondents were included in the study. Collection of data was done through structured questionnaires and analysis was done using SPSS version 23. In order to determine association between factor scores in the independent variables and the dependent variable, logistic regression model was ran at 95% CI whereas $P < 0.05$ was considered regarded statistically significant. Results showed that job satisfaction rate of health workforce at KCMC was 49%. Nurses is the cadre with the highest job dissatisfaction rate of 60.2% followed by doctors at 51.6%. The highest job satisfaction rate was revealed among the carder of allied health professional at the rate of 66.7%. Factors which were revealed to have significant relationship to job satisfaction were marital status [AOR=2.46, (1.28-4.69), $P=0.006$], decision making processes [AOR=1.21, (1.07-1.38), $p=0.002$], supervision [AOR=1.16, (1.03-1.31), $p=0.014$], relationship with co-workers [AOR=1.17, (1.07-1.29), $P=0.001$] competitive pay [AOR=1.37, (1.18-1.59), $P < 0.0001$], career advancement [AOR=1.13, (1.07-1.21), $P < 0.0001$], and nature of work [AOR=1.19, (1.04-1.35), $P=0.009$]. On measuring the satisfaction levels, it was promotion and income that had the lowest satisfaction rates of 14.1% and 14.7% respectively. The findings of this study showed a moderate level of job satisfaction of 49% among the health workers surveyed. Variables which showed significant association with job satisfaction are marital status decision making process, supervisory support, relationship with co-workers, competitive pay and compensation, career advancement and the nature of work. The hospital management needs to improve on making major decisions more participatory so as to make the employees own those decisions and take active role in the implementation process. Enhancing supervisory support to employees would create enabling working environment, hence improve job satisfaction. Salary increases or promotion should be regularly considered to reward good performance. There is a need to improve on the career advancement opportunities for the employees so that employees can acquire more skills for quality health care delivery.

Key words: *Job satisfaction, health workers, health care delivery, KCMC, Tanzania*

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LIST OF ABBREVIATIONS

HESLB	Higher Education Students Loans Board
HRH	Human Resource for Health
JCM	Job Characteristics Model
JDI	Job Descriptive Index
KCMC	Kilimanjaro Christian Medical Centre
SSA	Sub-Saharan Africa
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 An Overview

This chapter highlights the background to the study, the statement of the problem, research objectives and research questions. It also addresses justification of the study, limitations, and delimitations of the study. The significance of the study, assumptions and operational definitions of terms are presented in this chapter.

1.2 Background of the Study

A well-functioning health system is composed of six building blocks. Health workers is one among the six blocks. It is regarded as a significant component for delivery of effective and better health services. Health service delivery is considerably affected when there is shortage of human resource for health. The leading needs-driven unavailability of health workforce as in 2013 was approximated to be about 17.4 million, with a distribution of about 2.6 million medical doctors, over 9 million nurses and midwives, and the rest are the allied health workers. The biggest deficiencies of health workforce are in South-East Asia at 6.9 million and Africa at 4.2 million (World Health Organization [WHO], 2016). Worldwide, the figures suggest that the scarcity of health workforce is critical.

Several researches have been conducted globally to study the job satisfaction among human resource for health. In Iran, it the research found out that job dissatisfaction is a major cause of absenteeism and turnover among healthcare employees, and as such, it affects employees' organizational commitment and the quality of healthcare services (Rad & Moraes, 2009). A study in Slovakia nurses' job satisfaction is an important part of nurses' lives affecting their productivity and performance, patients' satisfaction and the quality of nursing care rendered (Kozuchova et al., 2015). Another study in Saudi Arabia

revealed that employee satisfaction is directly linked to employee engagement and that it is good for management to understand what motivates their employees and what they need as individuals. It also concluded that poor employee engagement can cause organizations to have lower profit margins, poor customer service, high employee turnover and decreased competitive edge (Shmailan, 2015).

An effectively working health system is not possible without a satisfied workforce. Each year many dissatisfied professionals either quit their profession or leave jobs in search of better opportunities. A study in Ethiopia showed that job satisfaction of the health workers is highly important in building up employee motivation and efficiency as it determine better employee performance and higher level of patients' satisfaction (Mengistu & Bali, 2015). A research in Nigeria revealed that job satisfaction has been associated with lots of benefits. The provision of health services depends on several factors but the availability and retention of human resources is particularly important (Kolo, 2019). Africa South of Sahara faces 25% of the worldwide burden of illnesses with only 3% of the health workers. The colossal scarcity of health personnel in sub-Saharan Africa (SSA) is a main reason to the excessively high rates of illnesses and deaths in the region.

A study in Kenya showed that job satisfaction and working atmosphere are important for optimal health care delivery (Goetz et al., 2011). This applies most importantly to people who need timely intervention services due to the nature of their medical conditions (Terry et al., 2012). The Strategic plan of the ministry of health and social welfare in Tanzania (2014-2019) recognizes the situation with certainty. It states that the deficiency of HRH is now dealt with as a national crisis that calls for unceasing and concerted attention. The preceding human resource for health strategic plan (2008-2013) pointed out the same problem stating clearly that there was crisis of HRH in the country. Thus, both HRH strategic plans acknowledge the crisis of HRH. Health workers are significant for health

care services to be delivered well. For the purpose of establishing a well-functioning health system, it is profoundly vital to have adequate number of capable, inspired, and highly reinforced health workforce. Job satisfaction of health personnel is essential for inspiration and proficiency especially based on the fact that improved job satisfaction increases both staff productivity and patient gratification. Although there has been numerous researches on the topic of job satisfaction featuring health workforce in many parts of the world, there are comparatively few researches on health workers' job satisfaction in Tanzania. Due to this evident lack of researches on the similar subject in Tanzania, the findings obtained from this study will inform the policy makers in the efforts to strengthen health services in Tanzania.

1.3 The Statement of the Problem

Personnel in any institution is considered to be the engine that provides sustainable source of energy and service delivery. A study in Malaysia indicated that satisfaction at work can be considered as a proxy indicator of emotional well-being or physiological health. It is also inversely associated with absenteeism, turnover in an organization, level of stress, and eventual exhaustion that ultimately improves productivity (Aazami et al., 2015). Job satisfaction is a multidimensional response to work and workplace environment. It depends on many factors, and affects the behavior of employees that, in turn, affects organizational functioning (Singh et al., 2019).

The job satisfaction of employees in any organization as Conley et al., (1989) have indicated, is regarded as a main component of the work environment and one of the main factors determining organizational climate. Suresh et al., (2015) maintains that if job satisfaction is there in employees, work done by these employees is usually of better quality in comparison where the employees are not satisfied with their job. Bhatnagar & Srivastava (2012) observe that if you want to attain higher job productivity, you should

learn the domains of work which are decisive for job satisfaction amongst healthcare providers. In order to get employees contented with their job; the underlying factors which influence job satisfaction in that particular facility must be examined to guide proper intervention.

Several studies in Africa have shown that job dissatisfaction results from one or more attributes of the work environment such as poor living and working conditions, problems with leadership, inadequate equipment and supplies, lack of recognition for good work, stress due to heavy workloads, and limited opportunities for career development and advancement (Huddart et al., 2003., Vujicic et al., 2004). Martins et al., (2016) observes that the quality of performance in the health sector in Nigeria to a large extent depends on whether health care providers are job satisfied or dissatisfied. They noted that prevalence of dissatisfaction among doctors and nurses has not been given considerable attention though it affects patient satisfaction and is associated with reduced quality of care. Ramasodi (2010) observed that relationships have been reported between job satisfaction, productivity, absenteeism and turnover among healthcare employees and as such it affects employees' organizational commitment and the quality of healthcare services.

Hagopian et al., (2009) observed that Ugandan health workers are dissatisfied with their jobs, especially their compensation and working conditions. About one in four would like to leave the country to improve their outlook, including more than half of all physicians. Goetz et al., (2011) who conducted their study in Kenya assert that despite the important attention human resource issues have received in recent years, health workers in many low-income settings report their superiors taking little interest in their job satisfaction and work environment, although relatively simple and cost-effective steps can be taken to improve them.

Although there has been an urgent call to address the shortage of health personnel which has been declared as a crisis, it is worth mentioning that in Tanzania, this crisis involves more than a personnel shortage. Unequal distribution of the health workforce, poor motivation and performance, and low productivity are also contributing to the HRH crisis. It is reasonable therefore to study job satisfaction as one of the decisive factors which determine work efficacy, output, income and organizational performance (Ali & Wajidi, 2013). In the context of the acute shortage of HRH both at KCMC and at national level, satisfied workforce is decisive for health facilities to perform to the expectations.

Tanzania as part of SSA is equally facing a severe shortage of health personnel. The scarcity are 87.5% for private owned health facilities and 67% for the public health facilities. Improper allocation of health workforce and brain drain make the scarcity of staff a much bigger problem (Sirili et al., 2014). This shortage is acute and it has negative impact on the health care services in Tanzania. This situation was later supported by the strategic plan (2014 – 2019) released in 2014 which projected that the country was facing an approximated percentage of 56 deficiency of health workers. However, a recent research by Naburi et al., (2017) which studied health workforce in Tanzania has revealed that 54% of respondents were not satisfied with their present job, and 35% planned to quit their job. There has not been a similar study on employees' job satisfaction at KCMC since this institution was established. This research sought to fill the gap on staff satisfaction at a situation where staff shortage is unquestionably a major issue, so as to enable maximum utilization of the few available HRH.

1.4 Study Objectives

1.4.1 Broad Objective

This study was led by a broad objective of determining factors which influence job satisfaction among health workers in Tanzania, with a case of Kilimanjaro Christian Medical Centre Referral hospital.

1.4.2 Specific Objectives

The study focused at achieving the specific objectives as outlined below:

- i. To determine the influence of demographic characteristics on job satisfaction among human resource for health at Kilimanjaro Christian Medical Centre
- ii. To establish the influence of institutional governance on job satisfaction among human resource for health at Kilimanjaro Christian Medical Centre
- iii. To examine how the working environment factors influence job satisfaction among human resource for health at Kilimanjaro Christian Medical Centre.
- iv. To determine professional related factors influence job satisfaction among human resource for health.

1.5 Research Questions

- i. What demographic characteristics contribute to job satisfaction among human resource for health?
- ii. How does institutional governance impact job satisfaction among human resource for health?
- iii. In what ways does working environment influence job satisfaction among human resource for health?
- iv. How do professional related factors impact job satisfaction among human resource for health?

1.6 Justification of the Study

The importance of workforce in any health system is comprehensible. Well performing health system depends largely on the performance of the workforce. According to Maestad (2006), there are basically two major possibilities to fortify the health personnel; which are to upsurge the number of health personnel and utilization of the available workers more effectively. This study considers the option of effective utilization of the available workforce. For effective utilization of human resource for health to be realized, they must be well motivated and satisfied with their job. According to Tzeng (2002), health workers' contentment and patient gratification have positive relationship. When staff are not satisfied with their job, it can result into poor performance of individual staff and eventually the overall performance of the organization. When staff are lowly motivated, it may cause anxiety and nonattendance. Leaders should persistently observe for any signs of unmotivated staff and those who are not satisfied with their job and strive to rectify those situations lest they cause serious problems to the organization (Miller & Rosse, 2002).

The aspect of ensuring effective utilization of the available workforce has not been adequately addressed in Tanzania. This is evidenced in the fact that researches related to the same subject are comparatively fewer. In 2008, a research on motivation of health personnel in Tanzania with a case of Muhimbili National hospital was conducted (Leshabari et al., 2012). Then, another study which focused on motivation and fulfillment among community health personnel was done in 2013 (Mpembeni et al., 2015). Therefore, a similar study at Kilimanjaro Christian Medical Centre addressing job satisfaction among healthcare providers would inform both the hospital management and the policy makers on the appropriate strategies of improving health systems.

1.7 Limitations of the Study

Given that the instrument used for survey was through self-administered questionnaires, the data provided by respondents could have been largely subjective. Although an assurance of confidentiality was made, lack of confidence among participants could have led to exaggerated reports of their levels of satisfaction. This was likely to happen especially due to the current Tanzanian political climate in which government employees are threatened to lose their jobs should they express any sense of dissatisfaction with their job. As an attempt to overcome this limitation, the study objectives were made thoroughly clear to the study participants. Provided that this was a cross sectional study, the research results may not be representative of the entire set health care personnel in Tanzania since it will be taken only from one health facility. Given that this study was cross-sectional, one cannot deduce a causal sequence correlation between job contentment and the factors found to have influence on job satisfaction. Provided that the study participants were limited to health personnel at the Kilimanjaro Christian Medical Centre, the generalization of our findings would be difficult. Also, given that this study was conducted over a specific period of time, it could only provide a reflection reliant on circumstances happening during that particular time.

1.8 Delimitation of the Study

The first delimiting factor was the choice of a problem; job satisfaction. While acute inadequate number of staff in the health care is among major problems, this study aimed at exploring job satisfaction for healthcare providers. A study on human resource was chosen due to the fact that better health care delivery depends largely on the health workforce. Literature review was largely on human resource for health due to the uniqueness of the profession and the lasting effects that can result from performance of dissatisfied staff. Quantitative method was chosen as it allows greater number of

participants, and thus augment the generality of findings especially in the area of study, but also allow for higher objectivity and accuracy of results. Those qualities of quantitative method suited better the nature of this study as it provided a coherent overview of the phenomenon under study.

1.9 Significance of the Study

Given the lack of evidence on the topic addressing job satisfaction among health personnel at the area of study (KCMC), and the substantial shortage of workforce, this study was expected to provide evidence – based findings to the management of KCMC referral hospital on the status of job satisfaction among her staff. The findings informed the health managers on the key areas to address so as to improve job satisfaction to health workers at the study area and other similar institutions. By so doing, the study provided a significant contribution towards optimum utilization of HRH, which in turn would lead to delivery of quality healthcare at Kilimanjaro Christian Medical Centre.

1.10 Assumptions of the Study

This study postulated that all participants would have a sincere interest of participating in this research. This was anchored on the postulation that every staff would wish to be satisfied with the job he/she is doing. The assumption of each staff wishing to be satisfied at the workplace made the study motivating and probably rewarding to the participants. The study assumed that respondents would respond honestly and truthfully. This was possible because each study participant was assured of anonymity and confidentiality.

1.11 Operational Definition of Terms

Operationalization of variables means defining concept to render it measurable and quantifiable.

Job satisfaction: It will be measured by perception of employees towards the job and the way they are treated by the institution. The mood about the job is usually influenced by the job factors such as pay, the type of work accomplished, supervision, working conditions, and opportunity for advancement. Satisfaction, gratification, fulfillment and contentment shall be used interchangeably to mean the same.

Remuneration: This will address opinion of employees as to whether what they are paid tally with the tasks they perform or they have a feeling that they are underpaid.

Quality of work life: Refers to perceptions held by employees on the suitability and quality of the working conditions.

Promotion: The view of employees regarding the advancement they are making if it matches with one's educational level and the working years.

Supervision: Perception of employees regarding the support received from supervisors.

Team work: Perception of employees concerning cooperation given by different individuals as they use their skills at the work place.

Human resource for health: "All individuals engaged in actions whose main goal is to improve health. These people include clinical staff namely as doctors, nurses, pharmacologists and dentists, as well as health managers and support workers – the ones who do not offer services directly but are important to the effectiveness of health systems, such as health administrators, ambulance drivers and the people responsible with finance management." (WHO, 2009).

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents a summary of published research works related to job satisfaction among health personnel which were conducted in the past. It looks at different theories of job satisfaction and factors influencing job satisfaction as presented from previous studies. It also highlights on the outcomes associated with job contentment.

2.2 The Concept of Job Satisfaction

Job satisfaction is a concept which appears common and understood by individuals on the outlook. However, it is a multifaceted phenomenon that has attracted numerous studies around the globe. Laurie (2005) observed that job satisfaction is itself a multifaceted subject and sometimes hard to assess empirically. He also noted that job satisfaction is impacted by a different parameters relating to individual person, socially related, the culture he grew and works, the institution he works with. An employee who is well satisfied with his job portrays the right attitude towards his career, while a person who is not satisfied with his or her will usually show bad attitude towards his/her career. Schermehorn (2000) views job satisfaction as an intricate phenomenon that reveals the way employees views their careers and the attached feelings, either positive or negative. It is an outlook or expressive response to one's undertaking which include the general working environment of the institution. Therefore, job satisfaction is inspirational and may result into positive working associations, which then translates into greater levels of employee's job performance.

Job satisfaction of health personnel can be described as the outlook regarding one's career and the associated feelings, views, and general conduct, all of which are a combination of

multifaceted interfaces between working experience, institutional culture and stimulus. Job gratification is intricately connected to incentive, and the two involve intellectual, emotional, and social processes, with staff employee inspiration usually postulated as the cause on why workers conduct themselves as they do towards attaining individual and institutional objectives. Job contentment or motivation are not clearly noticeable, but the two have been recognized as significant to the retention and productivity of health personnel (Mbindyo et al., 2009). Focus on job satisfaction has attracted considerations from researchers due to the fact that employees use most of their life-time at workplaces, and realization of the main factors that perpetuate satisfaction is decisive so as to create an environment which is supportive to employees and give them happiness which is crucial for their general wellbeing.

Singh (2013) maintains that research on job contentment is reasonable on the ground of its applicability in conceptualizing and developing positive results from both the individual and organizational viewpoint. A conceptualized identification of individuals and assessment of their work attitude (job satisfaction and job dissatisfaction) could be used in developing approaches for organizational workforce guidelines including, but not limited to, recruitment. Job satisfaction is more of a feeling, a personal inclination to work and its environment in general. It is related with individual's attitude regarding accomplishments at workplace that could be categorized in terms of figures or the quality of work performed (Mullins, 2005). It has to do with how a person likes the job, a feeling that increases the commitment to job involvement by the workers. The higher job involvement, the higher the likelihood of optimal performance of employees.

In analyzing job satisfaction, to take in there are different variables to take into consideration, one of which is employee's happiness. This rests on the postulation that a staff who is satisfied has happiness which translate in his/her performance; a quality

performance that increases the organizational productivity. Having positive emotional state to work and the organization serve as the basis of one's commitment at the workplace. It propels that desire to achieve the organizational goals. According to Morris et al., (2004), job satisfaction can be attained when employees identify with the organizational goals in a manner that drive them to perform to the best of their ability and take delight on their own achievement and the institutional productivity. Lu et al., (2005) addressed the conventional framework of job satisfaction which concentrates on the emotions about the job of the people. Nevertheless, what makes a job gratifying or not gratifying does not rely only on the character of the career itself, but equally on the prospects which staff have regarding their career and what it ought to deliver. Thus, job satisfaction has reciprocal pattern.

Job satisfaction is of paramount importance in the healthcare sector. It promotes the general welfare of the health facilities, constructive outlook and behaviors of staff as related to job. Furthermore, fostering job satisfaction leads to improved health care delivery, minimal physical and psychological problems among health workers. The major aim of any health care system is to deliver the best health service delivery available to the highest number possible in the context of the few available resources, one of which being human resources at its numbers known to be inadequate. In order to attain this aim, one of major requirement would be health care providers who are highly committed. Therefore, working on the job contentment of staff is an essential factor of health workforce quality. Various researches studies have revealed constructive associations between job fulfillment of health workforce and patient contentment with the type of health care services provided in those health facilities (Bhatnagar & Srivastava, 2012). Provision of care to people who have been afflicted on a regular basis can lead to stress in their work and work environment. Health managers need to carefully consider the

employees' satisfaction so as to ensure both the well-being of the employees and eventually better delivery of health care.

2.3 Factors influencing job satisfaction

A number of researches have revealed that job contentment can be caused by diverse variables. Those factors range from reasonable salary, suitable number of employees, a satisfying working atmosphere, prospects for individual and professional development, a sensible amount of work, administration, appreciation, encouraging progress of patients, strong associations with colleagues, self-sufficiency on the job, security of one's job, professional growth to contingent rewards (Khamlub et al., 2013). However, these factors don't apply in every job or every environment. Some employees are well paid, given opportunity for career advancement, strong associations with colleagues; yet they are not satisfied. The underlying reasons to dissatisfaction could have nothing to do with the job itself. Factors which influence job satisfaction can vary on magnitude from one institution to the other and from one individual to the other. However, for a start; it is worth studying the cross cutting factors which influence job satisfaction at the study area and work out possible interventions.

2.3.1 Demographic characteristics

There have been arguments of whether demographic variables do influence job satisfaction or not. Different researches on the same subject have come up with different findings. Some studies have revealed that the contribution of demographic features to job satisfaction was statistically significant while other studies have come up with results that showed that the impact of demographic variables to job satisfaction was not statistically significant. In a study that was done in India by Suresh et al., (2015), demographic variables such as age, sex showed noteworthy relationship on the percentage of satisfaction whereas skill, title and marital status of health workers did not show any

substantial relationship. That study revealed that the category of age ranging between 26 – 30 years 44.4% were very gratified, 35% of the medical doctors in the age group 31– 40 years were greatly gratified, in the age group 41 – 45 years 25% of the doctors were highly satisfied and 66.7% of doctors of above 46yrs of age were exceedingly satisfied. This disparity in the percentage of in tandem with age was observed to substantial ($p=0.015$).

In the same way, the age and sex of doctors had relationship with the percentage of satisfaction. The study established that 55.6% of men doctors were very satisfied whereas 26.3% of their counterparts were greatly satisfied. Therefore, men were substantially satisfied ($p<0.001$) than women. Nonetheless, apart from age and sex; the other variables such as marital status, one's duration at work and title had no substantial relationship with level of contentment ($p>0.05$). A similar study was conducted in Iran by Tabatabaei et al., (2013) found out that there was a association between workers' job satisfaction and some demographic variables such as sex, age and education. Likewise, a study conducted in Nigeria by Ayodele et al., (2014) revealed that age, conjugal status and professional profile considered as one group resulted to 20.8% difference in job satisfaction. Nevertheless, this percentage is not substantial. Therefore, the numbers suggests that there is no considerable comparative influence of every independent variables (age, conjugal status and professional profile) on dependent variable (Job Satisfaction).

Another study that was conducted in Slovakia (Kozuchova et al., 2015) targeting nurses looked at two demographic variables namely age and gender. The findings established that the association between the two variables and nurses' job satisfaction was statistically insignificant. The association amongst demographic variables and job satisfaction was considered so as to ascertain their influence and inform the policy makers and health managers on whether there would be strategies to employ aiming at improving job satisfaction of the employees.

2.3.2 Factors related to Institutional governance

Perceived organizational support is considered to make a significant contribution towards job satisfaction. Perceived Organizational Support (POS) denotes workers understanding regarding the level in which the institution values their support and is considerate about their general welfare (Kurtessis et al., 2017). Generally, organizations are considered caring when they are dedicated to attending to workers' social and psychological essentials; providing the necessary assistance when required; and intensifying productivity-reward anticipations. The ways in which the employer takes concern in the general welfare of the employee become the fundamental question. POS includes the workers' perception that gratitude is expressed through remuneration, work improvement, recognition and other means of support. The workers' general welfare is also reflected through institutional regulations and as prepared by and being implemented by the human resource management in the process of finding balance between job requirements and the needs outside the working environment (Worley et al., 2009). Woods and Weasmer (2004) assert that job contentment might be attained when the staff identifies oneself with the organization, and thus conduct his roles and responsibilities to the highest level of their capability evidenced in their dedication to work. However, becoming one with the organization is a process, not just an event. Different associated factors are attached to the phenomenon of becoming one with the organization, which leads towards realization of job satisfaction of employees, for which this study seeks to establish.

Job satisfaction and productivity are directly associated with rewards. Kreitner et al., (2002) pointed out different factors which affect job satisfaction citing the requirement for the administration to cultivate an atmosphere which perpetuate participation of staff and take good control of anxiety at the workplace. If the organization is considerate, it

will be seen not only on papers but it manifests herself in the manner that they handle issues related to remuneration, professional development through further and policies aimed at promoting staff general welfare. Riggle et al., (2009) suggests two potential ways that describes the values of the association between POS and job satisfaction. In the first place, in the event when POS is great and the requirements of the staff are realized and that they are satisfied in their working environment, this could improve the level to which they are gratified with their career. Then, when staff are assured or are offered the type of support they think they require, it increases the likelihood of being committed as a means of return. Give in return can therefore come in the form of job satisfaction which is an attitude mindset that involves behaviour change that positively affects productivity at the workplace. Employees' commitment to their job becomes their lifestyle that in return increases institutional productivity.

A study that compared job satisfaction and wish to quit by health workforce was conducted in Tanzania, Malawi, and South Africa. The findings showed that 82.3% of participants in Tanzania were gratified with their jobs, matched with 71.0% in Malawi, and 52.1% in South Africa. These variances were statistically significant. The average scores for each question were likened to assess gratification with various job features (Blaauw et al., 2013). Organizational support is a vital element of employees' attitudes and behaviours (Lund, 2003). It has been a subject of major attention among employers and researchers for many years. Studies have shown that job satisfaction and organizational support are inclined to influence one another. Staff who are comparatively satisfied with their careers will usually be dedicated to the organization and that people who are reasonably dedicated to an institution have higher odds of being contented with their career (Robbins et al., 2008). The amount of support rendered by the organization to the employees makes a significant contribution in their performance.

2.3.3 Working environment related factors

Social support is described as the category of support, provided in terms of instrumental and psychological support. Instrumental care refers to the type of facilitation provided to employees to enable them accomplish job responsibilities, enabling them to attain a sense of control over the state of affairs. On the other hand, psychological enabling is responsible with the type of emotional assistance (both spoken and unspoken) provided to them to inculcate in them a sense of worth and belonging (Yarker et al., 2007). Managers are better placed for the undertaking of offering emotional assistance, along with quality instrumental support than fellow staff, a situation that has led to some asserting that the supervisor-staff relationship has a deeper meaning and probably influential to organizational results than relationships with fellow employees (Leiter, & Maslach, 1988). Therefore, leadership skills is vital for optimum performance of supervisors.

The way in which managers treat their employees give clues as to what extent their organization cares for them. Lee and Cummings' (2008) work established that organizational support that incorporated supervisory assistance is one of significant types of job satisfaction in the cadre of nursing. Health manager can improve job satisfaction of employees by offering positive feedback which makes workers feel they are respected have significant contribution to offer to the organization. It has been observed that supportive supervision can improve job atmosphere work characteristics with the aim of enhancing job contentment. This is made possible through improving job independence, team spirit and group unity, including decreasing job uncertainty. Savery (1987) points out the influence of promoters of job satisfaction. He mentions that inherent motivators' guides in attaining job satisfaction. His research identified stress as one of main cause of employees lacking satisfaction. Thus, efforts must be made to reduce stress or eradicate it

for the purpose of increasing levels of satisfaction. The immediate senior is the leader who plays an important part concerning job satisfaction. The role of the supervisor is to offer intrinsic motivation like energizing and motivating work to the staff, which in turn improve job satisfaction among them as they are excited with their day-to-day undertaking.

Colleagues at workplace are the right people who are better placed in providing psychological and instrumental support. Therefore, there is pragmatic substantiation which affirm that constructive association with co-workers is an essential variable that influence job satisfaction at the workplace (Ge et al., 2011). Studies have established that components of social support like good working companionships, psychological support and regular communications with fellow staff were essential variables contributing to job satisfaction. Furthermore, social parameters were postulated to be more vital to job contentment than working environment. This suggests that employers can put more efforts in improving social support to the employees as a substitute other parameters such as job autonomy, competitive pay, or professional development control and by so doing still achieve the likelihood of job satisfaction among employees (Morgeson & Humphrey, 2006). People who stay together for many hours as colleagues at work place need to be connected well and have positive relationships. If harmony is created by both the supervisors and fellow employees at the workplace, it provides that kind of social support much needed by all employees so as to enhance their job satisfaction.

Satisfaction from employee's remuneration has often times been linked as a constructive relationship with job gratification. The association however is not upfront as pay is usually intensely correlated to other workstation features such as rank, profits and age which impact job contentment as well. However, the association between salary and job contentment rely not only on the workers' salary. In the event when workers learned the

difference between their own incomes compared to the income of their peers, those who were being paid less the median salary of their equivalent level expressed low job satisfaction (Card et al., 2012). Job atmosphere is the chief feature in job contentment. Better working condition results to job gratification, while also improving staff job performance, effectiveness, customer fulfillment as well as retention. Workers who contented with their job contribute a pivotal role in the aspects of customers' care as these are the people who work together with the clients on a regular basis (Singh & Jain, 2013).

There are features which impact career gratification of nurses who work at the hospital environment. According to Garon and Ringl (2004), these features are working conditions which incorporate variables such as the amount of work, staff recruitment, employees' capacity building, self-sufficiency, democratic leadership and professionalism. Others are remuneration, non-monetary incentives and educational empowerment. A cross-sectional study conducted in Addis Ababa involving health professionals of all categories showed that 65.1% of health workforce were not satisfied with their career. The main contributors of career fulfilment were time demands, prospects of career advancement and employees working relations. Administrators and policy makers must think of how they can increase employees' job satisfaction so as to realize the national health outcomes (Tadese et al., 2015). Improving staff relations is a cross cutting agenda because it has a potential to serve as social support to the employees but it does also improve the working conditions of employees when each individual staff is delighted to work in team work spirit.

In a study conducted in Tanzania at the Muhimbili National Hospital, close to fifty percent of both doctors and nurses were dissatisfied with their career, while on the side of auxiliary clinical staff it was 67% and for supporting staff it was 39%. This state of affairs was a result of various reasons. The factors found to influence those findings were lack of competitive remunerations, regular lack of the important working tools and consumables

to ensure quality service to clients, erratic performance appraisal, lack of robust communication channels in various institutional departments and between employees and administration, poor participation in the process of making decision, and indifference connected to the general wellbeing of employees by the hospital management (Leshabari et al., 2008). These findings show that job dissatisfaction can be a result of diverse factors as evidenced from the study at Muhimbili. Health managers are necessitated to work on each particular factor based on its gravity which on aggregate improves job satisfaction of the general population of employees.

Another study conducted in Tanzania – Morogoro Region found out that community health workers were contented by associations with fellow staff, job facilitation and the ability to offer health care services to their clients. The study also found out that the same staff were not satisfied with their job due to poor facilitation of transport, lack of communication devices and limited means of motivations to enable them perform their responsibilities at best (Mpembeni et al., 2015). For the purpose of raising satisfaction among health care workers, working environment should be improved. It is expected that optimal performance of the health care system will be achieved when health care providers are well satisfied with their job.

In a study conducted in South Africa involving supervisors of community health care providers in marginalized communities, it was found that employees were inspired by inherent variables like touching people's lives through their service, and the way in which respective community registered thankfulness, non-financial motivations such as promotion, support for professional growth like the pay, additional benefit and medical reimbursements. Hygiene factors which work for the purpose of preventing lack of satisfaction are remuneration, medical and professional benefits attached to the supportive

supervision (Akintola & Chikoko, 2016). Another study conducted in West Ethiopia found out that pay and motivations, acknowledgement by the administration, professional growth prospects, and patient appreciation were main factors influencing job satisfaction (Deriba et al., 2017). Non-monetary incentives such as recognition by the management and patient appreciation are within the reach of both the hospital management and the patients respectively. Efforts must be made to improve on such variables as they are cost-free but instrumental towards enhancing career satisfaction.

2.3.4 Professional related factors

Job satisfaction is considered to be a chief factor that contributes productivity of staff and institutions. Health workers who are not satisfied has undesirable outcome of institutional productivity. More precisely, healthcare worker satisfaction does affect contentment of patients (Janicijevic et al., 2013). The performance of health care providers is compromised when they serve with a feeling of dissatisfaction for the job they undertake, which in turn affect the service rendered to patients.

There is a constructive association when job satisfaction and workers' health are compared. The two are directly proportional to one another ie when job satisfaction increases, staff health will as well increase (Faragher et al., 2005). Spector (1997) asserts that people who do not like their career might face adverse health outcomes which could be psychological or physical. On the other hand, workers who have higher percentage of job satisfaction usually are likely to experience improved mental and physical health. This is an important outcome as it enhances the service provision to patients when the provider is in better health condition. Job satisfaction does minimizes anxiety which can interfere with employee's work performance, emotional health as well as physical health. When an employee is under stress, it can also interfere with his ability to make correct decisions, which can possibly lead to decisions which are not ethical but also of no priority to the institution. On the other hand, contented workers maintain a rather constructive approach to their job. It is this constructive which often influences other staff and can lead to an improved performance the entire team of employees (Reyes et al, 2019).

A study conducted in Croatia showed there is actuality of association workers' job contentment and institutional productivity in the two directions. Critical analysis established that the relationship between job satisfaction and institutional performance is robust much more than the association between organizational productivity and job

gratification. This can be explained that job satisfaction defines organizational performance, and not conversely (Bakotic, 2016). For the outcomes of any organization to be realized, one important condition is to have satisfied workers. Staff who are well gratified have higher chances of better performance make significant impact to the growth of their organization. Conversely, staff who are dissatisfied have slim chances of performing to the expectations of the employer and might become obstacle to organizational growth (Shmailan, 2016). However, Luthans (1989) contends that employers should not equate satisfaction with performance as it may not always be the case given that there are other parameters involved. Furthermore, Robbins et al., (2003) asserts that at institutional level, there is a robust association between job satisfaction and the output which may be the case when measured for a specific employee.

Job satisfaction has the likelihood of influencing individual's level of dedication to the institution depicted in one's nonattendance and employees' inclination to quit. There is a possibility that it also impact organizational productivity levels, workers' readiness get involved in managing job related problems, including the degree of energy put in by the workers to handle responsibilities beyond the scope of their job description. When employees are contented with their career, they are usually energized and excited to do the job as they have positive attitude towards it. The workers who are satisfied with their career take delight in performing their day-to-day responsibilities and these are the ones who are likely to deliver the best out of them (Reyes et al., 2019).

Turnover intention is another organizational outcome of job dissatisfaction. During such times when the atmosphere at work becomes disappointing, one way in which some staff would try to cope with those unpleasant experience is to consider possibilities of quitting, which eventually increases the rate of staff turnover. Thus, as Murrells et al., (2008) maintain, there is an obvious evidence which postulates that lack of job satisfaction is

commonly an essential factor that prompts workers' intention to leave their present job. By implication it means that, workers who are pondering on the possibility of quitting their jobs are usually the ones with lower levels of job satisfaction than the ones who are inspired by their career.

2.4 Theories of Job Satisfaction

Given that a significant number of researches have been conducted in this field, different theories of job have been established. This section will present the most common theories and how they are utilized to improve and increase job satisfaction. These theories present shared features with explanation on human motivation.

2.4.1 Affect Theory

Satisfaction is comprehended as the difference between what a personnel desires in a job and what is available at his job. Locke's Range of Affect Theory (1976) is a well-known job gratification framework. The framework suggests that the degree to which staff regards a specific feature of job (e.g. the level of self-sufficiency at workplace) determines how staff are either contented or not contented and whether his prospects are met or not. If one regards a certain feature of work, his contentment is likely to influence both constructively (when prospects are met) and undesirably (when prospects are not met), matched with the staff who doesn't regard that feature. To exemplify, if staff A regards self-sufficiency at the workplace and staff B is not interested about self-sufficiency, then staff A would be more contented in a designation that gives a greater level of self-sufficiency and dissatisfied in a designation with less or no self-sufficiency when matched to staff B. Furthermore, this theory suggests that too much of a given feature will yield deeper feelings of low satisfaction the more a certain worker regards that feature. Mpembeni et al (2015) maintain that to guarantee job satisfaction, there is a need to classify the most essential feature of the job that a personnel desires and make sure that

this feature is realized. Various cadres in the health care industry alongside seniority levels have different degrees of job autonomy, a situation which would likely influence job satisfaction of the respective health workforce.

2.4.2 Maslow's Needs Hierarchy Theory

Maslow's (1955) needs pyramid framework was one of the earliest framework that studied factors which influence job satisfaction. The framework postulates that people's wishes form a five-level pyramid comprised of: physiological desires, security, belongingness/love, appreciation, and self-actualization. This framework of needs proposes that there are necessary needs to be achieved first (such as biological needs and security), prior to the multifaceted needs such as belonging and appreciation. This theory of Maslow's needs pyramid was established to elucidate human incentive in broad-spectrum.

A study conducted in Tanzania revealed that in order to achieve ideal results, the physical and emotional needs of human beings must be met. This is underpinned by Maslow's theory regarding the pyramid of needs in which the levels one to four of Maslow presents "insufficiency needs" whereas fifth level signifies the peak of inherent growth: self-actualization – the realization of on the core of who you are (Burton, 2012).

The main components of Maslow's theory are relevant to the work environment, and are applied to describe job satisfaction. The monetary recompense and healthcare belong to the category of variables that support employees secure their fundamental functional needs. Security essentials can be evident through workers inclination to physical safety in their work setting, in the same way as career security which includes presence of appropriate institutional framework and policies. If satisfaction is achieved, the workers will move to another dimension of feelings that can demonstrated in a constructive

association with fellow staff and the supervisors in their places of work and that feeling of belongingness to the institution. Having achieved this, the personnel would experience recognition from fellow staff as well as the employer. Lastly, the workers pursue to self-actualize; in which the desire is to make progress for the purpose of reaching the levels of becoming the best out of them.

Nevertheless, Maslow's theory has faced criticism. Spector (1997) argues that this theory has become less popular because it miss the mark of taking into consideration the rational development of the workers which in the end it misses experiential supporting confirmation. The explanation that shed light on conceptualizing self-actualization, coupled alongside a complexity of determining it, renders it intricate to ascertain how concluding goal will be or at what time it would be accomplished. Another criticism is that, there is no proof of causal sequence association between need and behaviour. One specific requisite may result into diverse type of behaviour in different people. Conversely, a certain individual character might be caused by various needs. Thus, the needs ladder is not as unpretentious as presented by Maslow.

2.4.3 Herzberg's Motivator-Hygiene Theory

During the years in 1950s, Frederick Herzberg established a model which addressed two-fold dimensions to job satisfaction namely, "motivation" and "hygiene". Herzberg's (1966) motivator-hygiene framework proposes that satisfaction and dissatisfaction of job are not two conflicting ends of the same range, nonetheless they are two distinct and sometimes unconnected perceptions. Inspirational features such as salary and welfares, being appreciated and attainment need to be realized if a personnel is to be contented with job. Conversely, 'hygiene' features like working environment, organizational regulations job protection, relations with fellow staffs and quality of supervision are associated with job discontent. The enduring significance of Herzberg is that it's imperative to have some

straight connection amongst job productivity and recompense, be it extrinsic as in acknowledgement or inherent as in logically gratifying job, to inspire workers to work industriously and foster their job satisfaction.

In a Tanzanian context, Munga and Mbilinyi (2008) conducted a research regarding non-monetary and retaining of health personnel. That research established that studies and knowledge, promotion and ensuring job security and friendly living atmosphere could serve as robust inspiring factors if applied in an operational and justifiable way. Moreover, they described the outcome of weak application of accessible non-monetary motivations. Non-monetary and monetary motivations must be used collectively for the efficacy of workers' productivity and employees' retention. These theories have not been tested in Tanzania, a situation that creates a gap even for the performance evaluation which is used in Tanzania namely Open Performance Review and Appraisal System.

Whilst the Motivator-Hygiene theory was central in showing the difference between job satisfaction and job dissatisfaction, the theory itself has not been well supported especially from pragmatic viewpoint. The work by Herzberg's was criticized by Ewen (1964) who argued that the methodology is weak, a criticism which has been supported by other researchers as well. Another criticism states that this theory consider personal requirements and variances. Moreover, researchers like Richard Hackman worked on various job features where they came up with another framework namely *Job Characteristics Model*. This work was completed in 1976. Hackman & Oldham's Job characteristics Model is commonly applied as a structure to study the manner in which some job features influence job outcomes, one of which being job satisfaction.

2.4.4 Job Characteristics Model

The Job Characteristics Model (JCM) elucidates that job gratification happens in the event in which working atmosphere supports inherently inspiring characteristics. According to Hackman and Oldham (1975), there are five key job characteristics in JCM. These are: talent variety, job character, duty implication, self-sufficiency and response. If an employee possesses the five core job characteristics, the individual will therefore undergo three emotional conditions. The states referred to here are importance of job, proficiency for results of the job and the understanding of the actual results or effects. Successively, the psychosocial three-fold forms asserts result to a different effects including job contentment. Thus, from an institutional perspective, it is considered that by strengthening the five central job components, it will afterwards result into an improved work atmosphere and higher job satisfaction.

Contrasting the Maslow or Herzberg's theories, the JCM has attracted more experiential recognition. Nevertheless, it has also received disapproval as various researches applying this framework examine the influence of job dimensions on individual and job outcomes, entirely discounting the critical psychological forms (Behson, 2010). The association between job characteristics and the outcomes is sustained for emotional results but not for unbiased effects such as output and bunking off.

2.4.5 Dispositional Approach

The dispositional thesis to job satisfaction asserts that employees' attitudes and character impact their outlook, and eventually how contented they are with their career. This method proposes that job gratification is profoundly associated to individuals. It suggests that an employee has a robust susceptibility towards a specific extent of fulfillment, and that they remain equally relentless and steady across time. Employee's character to job satisfaction is influenced by four principal self-evaluations. These are self-confidence, overall self-efficacy, locus of control, and sensitivity. The major point of emphasis as per this

approach is that advanced levels of self-worth and overall self-efficacy result into greater job satisfaction. If a particular staff has an inner locus of control (ie the confidence one has control over her/his own life, as contrasted to external factors having control) results to improved job satisfaction. Eventually, the lesser levels of capability results into greater job satisfaction (Judge et al., 1998).

Further examination into the association between the five factor framework of character and job gratification established capability, thoroughness and extraversion to have a reasonable connections with job satisfaction. Nevertheless, personal outlooks cannot be seen as a sole feature of job satisfaction (Gerhart, 2004). Based on the work by Cohrs et al., (2006), personal characters are associated with situational features in the description of job satisfaction. Even though personal characters play a momentous part determining job fulfilment, they do not work on their own. Equally important, situational factors play an essential part. Consequently, the two factors must be considered given that they self-sufficiently seem to elucidate diverse shares of differences with regard to job satisfaction.

2.5 The Established Knowledge Gaps

From the literature review, it can be noted that much research has been carried out in different parts of the world on the factors which influence job satisfaction in various public and private health facilities. However, the study area is a highly reputable institution that has been in existence for half a century but there has not been any study conducted featuring job satisfaction. Given its longevity, it is high time to research on factors influencing job satisfaction. Moreover, there has not been a study that has been conducted to determine the contributing factors in a faith-based health facility. The underlying question here is whether health workers get satisfied simply by working in a community that speaks about contentment in God or they are equally subjected to the same variables?

2.6 Theoretical Framework

This study is informed by two theories. These are Maslow's theory of needs-hierarchy and Herzberg's motivator-hygiene theory. The research variable of personal factors and professional related factors is supported by Maslow's theory of needs-hierarchy. The theory explains that personal motivational needs could be organized as a pyramid. If a certain requirement is met, the following greater level of need should have to be motivated for the purpose of inspiring and in so doing satisfy the employee. The five tiers of need hierarchy are physiological needs, security needs, social, accomplishment and self-fulfillment (Maslow, 1943). However, Maslow's theory might not apply to some people example those who trust in God's purposes. For them as Apostle Paul writes (2Corinthians 3: 5), they can be satisfied in whatever circumstances they find themselves and can therefore sometimes put up with difficulties as the bottom levels of Maslow's pyramid. So his theory might not stand up in all cases.

Herzberg's motivator-hygiene theory underpins the study variable of institutional performance. The theory states that in order to achieve job satisfaction, there are two essential factors known as the hygiene features and motivators. Hygiene features are related with the job atmosphere and involve guidelines, administration, remuneration, social relationships and working environment. Motivator is associated with career and involves accomplishment, accountability, progression, acknowledgement and the work itself (Herzberg, 1966).

2.7 Conceptual Framework

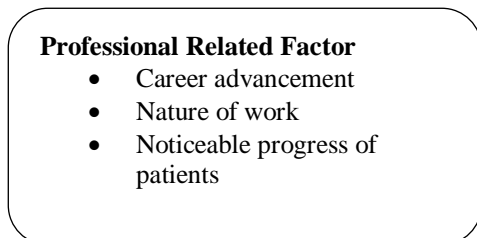
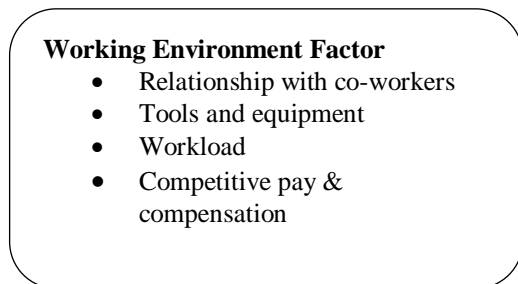
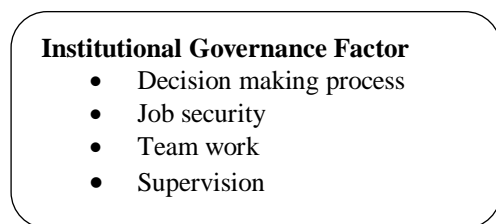
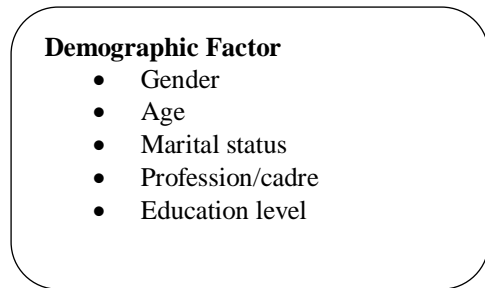
The conceptual framework (Figure 2.1) presents the independent and dependent variables. It is guided by two theories namely Maslow's framework of needs-hierarchy and

Herzberg's hygiene-motivator framework. Each variable is underpinned by one of the theories as described in the previous section above.

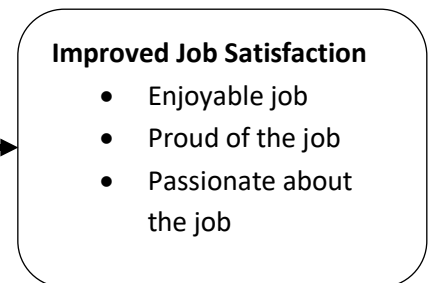
Figure 2. 1:

Conceptual Framework

Independent Variables



Dependent Variables



CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter highlights how this study was designed. Specifically, this chapter describes the study research design, target population, sample size estimation and sampling procedures, methods and tools of data collection, data analysis and ethical consideration. The target population and how the participants were selected to gather the data are highlighted. Developing the tool for data collection and the procedure for collecting the data is presented in this chapter.

3.2 Research Design

The type of research design employed in this study was cross-sectional design that involves taking data only once in a given time, from a group of respondents. The approach used was a survey so as to make a larger scope that lead to the exploration of factors influencing job satisfaction at KCMC referral hospital.

3.3 Target Population

A target population is a cluster of people, that share one or more features in common and which are in line with the objectives of the study. The study population involved all human resource for health from all departments at KCMC referral hospital estimated to be 868. This engaged the clinical staff such as doctors, nurses, pharmacists and dentists. It also involved the administration and support staff (administrators, accountants, drivers and human resource officers) who are not necessarily involved with clinical care, but are important in the process of having a functional health systems such.

3.4 Sample Size Determination and Sampling Procedure

3.4.1 Sample size Determination

Sample is archetypal of the population under study. Determining the size of the sample is central in survey research for the purpose of gaining an insight of how many observations are needed in a sample so that the generalization about the population can be made. Sample size is to be determined according to some pre assigned 'degree of precision'. The 'degree of precision' is the margin of permissible error between the estimated value and the population value. In other words, it is the measure of how close an estimate is to the actual characteristic in the population. The level of precision may be termed as sampling error. According to Cochran (1977), precision desired may be made by giving the amount of errors that are willing to tolerate in the sample estimates. The difference between the sample statistic and the related population parameter is called the sampling error. If the sampling error decreases, it increase precision making a sample statistic increasingly approximate the corresponding population parameter.

The Cochran formula allows calculation of an ideal sample size given a desired level of precision, confidence level and the estimated proportion of the attribute present in the population. Cochran's formula is appropriate in situations with large populations. A sample of any given size provides more information about a smaller population than a larger one, so there's a correction through which the number given by Cochran's formula can be reduced if the whole population is relatively small.

To determine the sample size, the following sampling formula by Cochran was used.

Sample size calculation

$$n = \frac{z^2 p(1-p)}{\varepsilon^2}$$

Where:

Estimated proportion for level of satisfaction 50%, assuming half of the participants satisfy with their job

E is marginal error 0.05

Z is the standard deviation at 95%, confidence interval 1.96

$$n = \frac{1.96^2 0.77(1-0.77)}{0.05^2}$$

$$n \approx 272$$

Thus, an estimated sample size was 272 participants.

3.4.2 Sampling Procedure

Sampling is the methodical procedure of choosing a number of people for a particular research in a manner such that, the persons selected characterizes the bigger population where the sample was chosen (Phrasisombath, 2009). The goal of sampling is to get data regarding the whole population and to lessen expenditures in terms of study duration and financial implications. There are two main forms of sampling which are known as probability and non-probability sampling (Kothari, 2004). Probability sampling reflects the fundamental features of the population where the selection was made, and therefore it is representative of that same population. The type of probability sampling employed was stratified sampling. A stratified sampling is a technique which consist of dividing population under study into mini groups namely strata. Before sampling, the study population was divided into features of significance for the study. In our case, given that

HRH encompasses a broad range of healthcare professionals; the stratum was based on various cadres such as nurses, nurse assistants, medical doctors, physiotherapists, health laboratory technicians/scientists, administrators, accountants etc.

3.5 Instrumentation

For the purpose of data collection from the study participants, a structured self-administered questionnaire was distributed. It was made up of two parts. Part A was inquired information on the socio-demographic features and it consisted of six items, while Part B employed the Likert (1932) scale consisting of 50 job satisfaction statements tabled on a five-point scale ('strongly agree' to 'strongly disagree'). The maximum level of job satisfaction (strongly agree) was given a rate of two and the bottommost level of job satisfaction (strongly disagree) was given a rate of minus two. Part C was made up of six items to measure job satisfaction level. The items were physical working condition, recognition for work, income/benefit package, hours of work, promotion and the job in general.

Regarding factors associated with job satisfactions, variables were distributed into four sections per the study objectives. The first is socio-demographic aspects composed of age, sex, matrimonial rank, education level, cadre, and working experience. The second is Institutional governance comprised of clear vision and mission of the institution, decision making, job security, teamwork, and supervision. The third one is working environment factor comprised of variables namely relationship with co-workers, tools and supportive equipment, appropriate working hours/workload, competitive pay and compensation. The last one was professional related factor composed of career advancement and the nature of work.

To ensure consistency of the study instrument, the study was preceded by carrying out a trial test of the instruments using another comparable cohort which had equivalent features as the intended for the research. The group used involved health care providers at nearby health facility namely Mawenzi Regional Referral hospital. A total number of 30 participants participated in pre-testing the tool. According to Sekaran (2003), validity denotes if a tool measures what it is expected to, and is warranted by the substantiation. Smith et al., (1969) came up with substantiation for the convergent and discriminant rationality of the Job Descriptive Index (JDI), reliably establishing rationality coefficients for the JDI that range between 0.5 and 0.7.

3.6 Reliability Pre-test Results

Reliability of data connotes the information gathered by autonomous gatherer and that if the same instrument is used to gather data by another individual, it would still produce similar results. For the purpose of this research, pre-test was done to test reliability of the study tool. A questionnaire prepared to measure job satisfaction has multiple measures. In this study there are characteristically various items that were collected to determine the job contentment. For the purpose of attaining confidence to ascertain job satisfaction, cronbach's alpha reliability test was done to identify the point to which it is error-free. The result showed the degree to which multiple measures of the same thing agree with one another. The obtained cronbach's alpha score was 0.93, which indicated that the scale had high internal consistency ie reliability (see the table below).

Table 3. 1***Reliability results for each variable***

Items	Cronbach's Alpha
Good Decision Making	.917
Job security	.917
Team work	.920
Supervision	.913
Relationship with Coworkers	.921
Tools Equipment	.932
Workload	.926
Competitive Pay	.917
Career Advancement	.919
Nature of the Work	.923
Overall	0.930

3.7 Data Collection

The main tool of collecting data was structured self-administered questionnaire distributed to all participants. The questionnaire was divided into section A and B, whereas A was comprised of the social demographic characteristics and B was made up of job satisfaction statements graded on a five-point Likert scale. Through questionnaires, it was potentially easy to gather information from a bigger quota of a group and the data was grouped in a standardized manner which makes them more objective than interviews. Another method of data collection was through observation. According to Nachmias and Nachmias (1996), observation allows researchers to examine actions as they occur in the real environment. This method of data collection designates the observed occurrences as they happen in their natural settings.

3.8 Operationalization of Variables

Table 3. 2

Summary of variables

Objective	Type of variable	Indicator	Measure	Approach Analysis	Research Instrument
To assess the influence of demographic characteristics on job satisfaction among human resource for health at Kilimanjaro Christian Medical Centre	Independent Demographic Factor	sex, age, marital status, cadre	Nominal	Percentage, Frequency, Inferential statistics	Questionnaire
	Dependent Job Satisfaction	low staff turnover, No. of people accessing care, quality health care,	Ordinal		
To establish the influence of institutional governance on job satisfaction among human resource for health at Kilimanjaro Christian Medical Centre	Independent Institutional Governance Factor	participatory governance, safeguarded work, supportive supervision, team work	Nominal	Percentage, Frequency, Inferential statistics	Questionnaire
	Dependent Job Satisfaction	low staff turnover, No. of people accessing care, quality health care	Ordinal		
To examine how the working environment factors influence job satisfaction among human resource for health at Kilimanjaro Christian Medical Centre	Independent Working Environment Factor	+ve working relations, attractive package, low job stress	Nominal	Percentage, Frequency, Inferential statistics	Questionnaire
	Dependent Job Satisfaction	low staff turnover, No. of people accessing care, quality health care,	Ordinal		
To determine professional related factors influence job satisfaction among human resource for health.	Independent Professional Related Factor	No of staff on CPDs, job enthusiasm and freedom	Nominal	Percentage, Frequency, Inferential statistics	Questionnaire
	Dependent Job Satisfaction	low staff turnover, No. of people accessing care, quality health care,	Ordinal		

3.9 Data Analysis

Data analysis is a methodical process encompassing numerical and/or logical procedures to recapitulate, deduce and present the information gathered. Basically there are two major styles of analyzing data namely quantitative and qualitative methods. Both may either use

technological approach ie computer or manual aids (Kothari, 2004). This research employed quantitative method and analysis of data was done using SPSS Version 23.0.

Job satisfaction scale was measured using six questions following Likert scale measured using 5-point ranging from smallest (strongly disagree valued 1) to maximum (strongly agree valued 5). Principle component analysis (PCA) was employed to obtain the component scores regarding job's satisfaction related factors. The percentage of maximum scale scores was conducted to generate job's satisfaction percent score which was helpful to obtain level of satisfaction. Arithmetical data were recapitulated using median and quartile range, whereas categorical variables were recapitulated by the use of frequency and percentage.

Descriptive statistics using two-way tables was conducted to describe governance, working environment and professional related factors for job's satisfaction. Chi-square test at 5% level of significance was employed to determine the relationship of independent variables by level of satisfaction. When the expected value was less than 5, the fisher's exact test was employed instead. Any p value less than 5% was regarded statistically significant.

Bivariate logistic regression examination was employed to determine the baseline characteristics related to job gratification. All baseline characteristics were treated as independent variables whereas 95% confidence interval was used to identify significant factors. A multiple logistic regression model was employed to determine predictors for health providers' job satisfaction including working environment and management. All predictors with $p < 0.01$ in the bivariate linear regression were then subjected into

multivariate linear regression model to control possible covariates. P values which were less than 0.05 were considered to have statistical significance. The findings were presented through figures and tables.

3.10 Ethical Consideration

Ethical approval was acquired from Kenya Methodist University Ethical Clearance Committee. Permission to do this study was given by the KCMC administration and the heads of departments at KCMC were informed accordingly. Study participants were notified of the nature of this research, and thereafter they agreed to sign the informed consent to be part of the study. Confidentiality was guaranteed all-along the process of collecting data and respondents' information were kept using participant ID for the purpose of ensuring privacy. Being part of the research was entirely on voluntary basis and each was assured the liberty to step down from the research at any given time without any problem.

3.11 Dissemination of the results

This study will be submitted to Kenya Methodist University for fulfillment of academic purposes and review for future researchers. A copy will be submitted to KCMC management for their review of the study findings. Study manuscript will be prepared for publications in an appropriate journal.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1 Introduction

This chapter is composed of results presentation, interpretation and discussions of the findings of the study. The data analysis as presented in this part features factors influencing job satisfaction among human resource for health at Kilimanjaro Christian Medical Centre. The study included medical and non-medical personnel working at this referral hospital who were available during the study period (September to December 2018). The data gathered were scrutinized and presented in the order of objectives of the study and the research questions. Tables and figures were organized and recapitulated in order to streamline findings and make appropriate discussion.

4.2 Response Rate

In this study a total of 272 health providers working at KCMC hospital were approached to participate in the study. Of this, 12 refused to participate while 260 gave their consent and participated fully in the study by filling the self-administered questionnaires. This gives a participation rate of 96%. Among 260 who took this research, 3 were left out in the analysis due to incomplete data/missing data. Thus, 257 respondents are included in the analysis below.

4.3 Demographic Characteristics of the Respondents

A total of 257 respondents were included in this research. Their median age was 40 years old and quartile range of 30 to 47 years. Majority 166(64.6%) were female and 167(65%) were married. Regarding academic qualifications, about 122(47.5%) had College education, 94(36.6%) had University degree and 41(16%) had secondary education and below. The distribution of respondents by cadres showed that 108(42%) were registered nurses, 85(33.1%) were support staff, 33(12.8%) allied health professionals and

31(12.1%) were doctors. With respect to working experience in the facility 118(45.9%) had more than 10 years working at KCMC, 62(24.1%) had experience between 5 to 10 years and 77(30%) had less than 5 years of experience (See Table 4.1).

Table 4. 1

Demographic Characteristics of the Respondents (N=257)

Characteristics	n	%
Age in years		
<30	59	23.0
31-39	63	24.5
>40	135	52.5
Sex		
Male	91	35.4
Female	166	64.6
Marital status		
Married	167	65.0
Unmarried	90	35.0
Education		
Secondary/below	41	16.0
College (Certificate/diploma)	122	47.5
University (Degree/Masters/PhD)	94	36.6
Cadre		
Doctors	31	12.1
Nurses	108	42.0
Allied health professionals	33	12.8
Supportive staff	85	33.1
Working experience		
< 5 years	77	30.0
6-9 years	62	24.1
>10 years	118	45.9

4.4 Overall Job Satisfaction

Overall job satisfaction was obtained after summing up 6 items that included physical working conditions, recognition for work, working hours, promotion, income/benefit

packages and the job in general. The median score was 18 with maximum score 28 and minimum score 7. Each individual score was converted to percent mean score for comparison (PMS) for classification of the scores. This yielded a median score of 52%. Any score above the median was regarded as satisfied, and the rest categorized as dissatisfied. Based on this approach, 49% of study participants were reported to be satisfied and the rest which is 51% were dissatisfied. This approach was adapted from the study in Ethiopia which also computed the satisfaction score basing on the stated criteria (Deriba et al., 2017).

In comparison to other research studies, the current results indicated the rate of dissatisfaction was 51% which slightly over half of the study participants. This is corresponding to the study conducted in Dar es Salaam by Naburi et al., (2017) which reported 54% of human resource for health dissatisfied with their job. Likely in Ethiopia reported very high rate of dissatisfaction, as 65.1% of human resource for health were dissatisfied (Mengistu & Bali, 2015). These high rates of dissatisfaction among human resource for health are of concern especially for quality health care delivery, and it remains a major concern globally particularly in low resource health facilities (Beyazin, 2017).

The researcher further sought the level of satisfaction by various aspects at work categorized into physical working conditions, recognition for work, hours of work, income or benefit package and promotion. The results are presented in Figure 4.1.

Figure 4. 1

Level of satisfaction by various aspects at work (N=257)



Pertaining the extent of satisfaction, most of the respondents were contented with physical working condition 161(62.6%) followed by recognition for work 146(56.8%), hours of work/workload 116(45.2%), satisfaction based on the job in general 113(44%), Income/benefit package 38(14.7%), and promotion were only 36(14.1%). Similarly, another study by Tran et al., (2013) poor working environment contributed to dissatisfaction among doctors in Vietnam. These findings are comparable to another study by Asuquo et al., (2017) in Nigeria which found a large proportion of nurses were dissatisfied with their jobs and attributed it to low pay, poor working conditions, and lack of motivation. An organization with good physical conditions, income benefit package for workers, and appropriate working hours improve worker's satisfactions, a state that enhances their dedication to the institutional goals and therefore improve their job performance.

4.5 Factors that Influence Job Satisfaction among Health Workers

Descriptive analysis was done to summarize the pattern of institutional governance, working environment and professional related factors for job satisfaction. A five-point Likert scale was used: strongly disagree, disagree, uncertain/neutral, agree and strongly

agree, where strongly disagreed was scored least (1) and strongly agreed had score of 5. The researcher recoded the responses from strongly disagree, disagree as “Disagreed” and agree and strongly agree were recoded as “Agreed”.

4.5.1 Institutional Governance Factors

The researcher pursued to establish the level to which the respondents were satisfied with decision making process and the job security (See Table 4.2 below).

Table 4. 2

Satisfaction with decision making process and job security (N=257)

Items	Disagreed n(%)	Uncertain n(%)	Agreed n(%)	P-value
Decision making process				
Vision and mission of the institution are clear	19(7)	43(17)	195(76)	0.002*
There is effective communication in our institution	44(17)	39(15)	174(67)	<0.0001
I am usually involved in the decision making process	67(26)	62(24)	128(49)	<0.0001
My ideas to improve performance are valued	35(14)	62(24)	160(62)	<0.0001
Conflict resolutions at work are well handled	30(11)	65(25)	162(63)	<0.0001
Job Security				
Problems can be expressed freely to my seniors	36(14)	52(20)	169(66)	<0.0001
I can conduct free discussion with my supervisors including challenging them where need be	51(19)	66(26)	140(55)	<0.0001
There is no threatening way of communicating the weakness of employees	53(21)	95(37)	109(42)	<0.0001
There are many rules and regulations which threatens my job	106(48)	73(28)	78(30)	0.014
Performance appraisal is fair and objective	37(14)	67(26)	153(59)	<0.0001

*Fisher’s exact test, otherwise chi-square

Table 4.2 above indicates descriptive findings for satisfaction with decision making process and job security. In the decision making process most 195(76%) agreed or strongly agreed that the vision and mission of the institution was clear to them and 174(67%) indicated that there is effective communication. This finding is encouraging

because effective communication creates environment in which workers and leaders can address issues of mutual interest for the purpose of goals realization. Half of respondents 128(49%) agreed or strongly agreed that they are usually involved in the decision making process. With regard to job security, over fifty percent of respondents 153(59%) agreed or strongly agreed that the performance appraisal is fair and objective, over half 140(55%) indicated that they have free discussion with their supervisors including challenging them where need be. Employees feel that their jobs are not at risk. This was a positive result which is likely to contribute to job satisfaction among the staff.

Nonetheless, nearly half 106(48%) agreed or strongly agreed that there are many rules and regulations which threaten their jobs. Although there was a feeling of staff being safeguarded based on performance evaluation exercise, staff felt that there are rules and regulations which put their jobs at jeopardy. Such a situation influences the level of job satisfaction among the staff and could potentially influence performance at the workplace. Overall, chi square results show that there were no differences among the respondents ($p < 0.05$).

Table 4. 3***Satisfaction with Team work and Supervision (N=247)***

Items	SD/D n(%)	U n(%)	SA/A n(%)	P-value
Team work				
Team meetings are compelling, not boring	33(12)	78(30)	146(57)	<0.0001
Team work is highly promoted by management of the institution	34(13)	51(20)	172(67)	0.005
Workers are committed to decisions made as a team even when there was disagreement in the beginning	32(12)	77(30)	148(57)	<0.0001
During team meetings, the most essential and hard issues are put on table to be fixed	37(15)	47(18)	173(67)	<0.0001
Team members honestly express regret to one another when they say or do something inappropriate or possibly damaging to the team	31(12)	74(29)	152(59)	<0.0001
Supervision				
My supervisor is usually fair to the subordinates	31(12)	39(15)	187(73)	<0.0001
My supervisor is interested with the general wellbeing of the subordinates	27(10)	53(21)	177(68)	<0.0001
Work assignments are clearly explained	24(9)	48(18)	185(72)	<0.0001
There is a good atmosphere of cooperation between staff and management	39(15)	79(31)	139(54)	<0.0001
My supervisor provide adequate support to the subordinates so as to improve performance	24(9)	50(19)	183(71)	<0.0001

*Fisher's exact test, otherwise chi-square

Table 4.3 above summarizes the findings on team work and supervision. Study findings on team work showed that most of the respondents 172(67%) agreed that team work is highly promoted by management of the institution and over half 148(57%) indicated that workers are committed to decisions made as a team even when there was disagreement in the beginning. Team building is vital for job harmonious working relations. The result here is suggestive of a positive and supportive governance which is likely to cultivate contentment at the workplace.

With regard to supervision, majority 187(73%) indicated that their supervisor is usually fair to the subordinates and just over half 139(54%) felt that there is a good environment of teamwork between staff and management. Positive response regarding supervision is beneficial in the process of building a community of employees who are satisfied at the workplace. It was noteworthy to find out that employees appreciate the type of support they receive from the supervisors. Overall, chi square results show that there were no differences among the respondents ($p < 0.05$).

4.5.2 Working Environment Factors

The research pursued to examine the level to which the respondents were satisfied with working environment on variables such as relationship with co-workers, tools and equipment, the workload, and competitive pay and compensation (See Table 4.4 below). With regard to relationship with co-workers, majority of the respondents 207(80%) indicated that there is pleasant at work rapport with their fellow staff and they can rely on them for help when needed 205(80%).

The participants were inquired as to what extent they were contented with the tools and equipment in their workplace. Study results revealed that half of the respondents 135(53%) agreed that there are enough medical supplies and equipment to facilitate their job and a third 96(37%), agreed that reagents to perform laboratory tests are readily available.

Table 4. 4***Satisfaction with Working Environment (N=257)***

Items	SD/D n(%)	U n(%)	SA/A n(%)	P-value
Relationship with co-workers				
I like the people I work with	10(4)	26(10)	221(86)	0.004
There is harmonious working relationship with my colleagues	21(8)	29(12)	207(80)	<0.0001
I can depend on my colleagues for support when needed	21(8)	31(12)	205(80)	0.005*
I receive deserving support from my colleagues when I face social challenges	23(9)	40(16)	194(75)	<0.001*
My job is valued by fellow co-workers	22(9)	45(17)	190(74)	<0.001*
Tools and Equipment				
There are enough medical supplies and equipment to facilitate my job	65(25)	57(22)	135(53)	0.57
The available equipment are efficient and effective	63(24)	65(25)	129(51)	0.294
There is adequate availability of medicines/drugs	52(20)	76(30)	129(50)	0.145
Reagents to perform laboratory tests are readily available	48(18)	113(44)	96(38)	<0.001
Workload				
There is too much work expected from me	84(33)	55(21)	118(46)	0.151
I am regularly stressed at workplace because I have too much to do	94(37)	52(20)	111(43)	0.427
I don't have to do overtime regularly due to adequacy of staff	142(55)	59(23)	56(22)	0.001
I never miss my break times for tea and launch because there is no much work	148(58)	46(18)	63(24)	0.001
Competitive pay and compensation				
When I do good job, I am appreciated by my supervisor	58(23)	64(25)	135(62)	<0.001
I feel I am being paid a fair amount for the work I do	140(55)	53(21)	64(15)	<0.001
My Income is sufficient to meet family expenses	173(68)	46(18)	38(14)	<0.001
The pay and allowances scheme is clear and open to me	129(50)	58(23)	70(27)	<0.001
The compensation scheme is good and usually adhered to	115(46)	94(37)	48(19)	<0.001

*Fisher's exact test, otherwise chi-square

With regard to the workload, results indicate that significant number of respondents were satisfied with their workload. Just over fifty percent of the study respondents 142(55%) showed that they don't have to do overtime regularly due to adequacy of staff and that they never miss their break times for tea and lunch because there is not too much work 148(60%). These results which show that staff are not overburdened with work is encouraging especially in the context of acute shortage of staff as observed in the first chapter.

With regard to competitive pay and compensation – overall, majority of the study participants stated that they were not contented with the pay. Only 64(24%) of the respondents felt that the payment they were receiving is fair and matches with the work they do. Similarly, only 38(14%) agreed that their income is sufficient to meet their family expenses, and a third 70(27%) agreed that the pay and allowances scheme is clear and open. The concerns raised by significant number of employees on pay is of a major concern as it has considerable influence on job contentment. Other studies have proved the same (Goetz et al., 2011 & Kaur, 2009), a situation which calls for timely action in order to achieve the intended organizational goals. Overall, chi square results show that there were no differences among the respondents ($p < 0.05$).

4.5.3 Professional Related Factors

Table 4. 5

Satisfaction with Professional Related Factors (N=257)

Items	Disagreed n(%)	Uncertain n(%)	Agreed n(%)	P-value
Career advancement				
I have ability to improve knowledge and skills from my job	29(12)	61(24)	167(65)	0.003
Seminars and workshops are conducted for further carrier development	81(32)	70(27)	106(41)	<0.001
I have opportunity to implement the knowledge acquired during training	51(20)	60(23)	146(56)	0.023
Management encourages staff to acquire additional qualifications through short term and long term programs	44(18)	73(28)	140(55)	<0.0001
I'm satisfied with opportunities for training and carrier development available	82(32)	68(26)	107(54)	<0.0001
I'm encouraged to participate in external training to build my knowledge and skills	71(27)	63(24)	123(48)	0.006
Nature of work				
I have enough freedom to how I do my job effectively	43(17)	57(22)	157(61)	<0.001*
I feel a sense of pride in doing my job	25(10)	46(18)	186(72)	0.001*
I have ability to do the best of my work	13(5)	29(11)	215(83)	0.031*
I have happy life because I'm delighted of my career choice	33(12)	40(16)	184(71)	<0.001
Patients/clients appreciate what i do for them	8(3)	26(10)	223(86)	0.003
I'm proud to be a staff of this hospital	20(8)	42(16)	195(76)	<0.001*

*Fisher's exact test, otherwise chi-square

The research set out to find out the degree to which the participants were contented with career advancement and the nature of their work (See Table 4.5 above). With regard to career advancement, the result indicated that 70(27%) and 97(38%) strongly agreed and agreed have ability to improve knowledge and skills from their job respectively; only 34(13%) strongly agreed that seminars and workshops are conducted for further career development; likewise just few participants strongly agreed to have opportunity to

implement the knowledge acquired during training 45(17%). The management encourages staff to acquire additional qualifications through short term and long term programs 43(17%), and encouraged to participate in external training to build their knowledge and skills 30(12%). These results show that career advancement has not received the deserving attention, a situation which could potentially influence job satisfaction among employees but also affect employees' performance especially when they lack the required knowledge, skills and competences.

With regards to the nature of the work, only 50(19%) strongly agreed to have enough freedom to do their job effectively, while more than half of the participants about half 132(51%) strongly agreed that clients appreciate what they do for them, 122(47%) of the participants strongly agreed to have ability to do the best of their work, and proud to be staff of their organization 118(46%). The findings showed that it was only a minority who have freedom to do their successfully, a result which is alarming. Health works need to be confident of their job and do so competently. Possible explanation on the lack of freedom is suggestive of lack of trust from their supervisors, a scenario that is prone to make them under-perform and possibly lead to devastating effects on patients. It was noteworthy that over half of respondents reported that clients appreciate their work; which might influence their feelings of contentment in a positive way. Less than half of the study participants were clear on their pride to be health workers, a percentage that was not far to the overall percentage of satisfied employees. Being proud of one's profession is closely linked with his/her satisfaction in that same job.

4.6 The Influence of Demographic Characteristics to Job Satisfaction

Logistic regression model was employed to examine the relationship between demographic characteristics and health providers' job gratification. This model was used because our dependent variable 'job satisfaction' was defined into two levels as '0

dissatisfied and 1 satisfied; and independent variables were categorical. Therefore, this model was employed to estimate Odds ratio (OR) for each independent variable in relation to job satisfaction. Any OR greater than 1 indicated positive association with job satisfaction. If OR is less than 1, then it implies decrease or low association when compared to a reference group; when OR is 1, it implied that there is no association. 95% confidence interval (CI) for OR was used to identify whether there is a significant association for defined variables. A 95%CI that does not contain 1 was regarded as statistically significant, otherwise not significant; this corresponding to p-values; whereas any $P < 0.05$ indicated significant association (see Table 4.6 below).

Table 4. 6

Association between Socio-demographic Characteristics and Job Satisfaction (N=257)

Variables	Dissatisfied (n=130) N(%)	Satisfied (n=127) N(%)	COR(95%CI)	AOR(95%CI)	P-value
Age in years					
<30	28(47.5)	31(52.5)	Ref		
30-39	35(55.6)	28(44.4)	0.72(0.35-1.47)	0.95(0.37-2.43)	0.910
40+	67(49.6)	68(50.4)	0.92(0.50-1.69)	0.89(0.30-2.68)	0.842
Sex					
Female	93(56.0)	73(44.0)	Ref		
Male	37(40.7)	54(59.3)	1.86(1.11-3.12)	1.71(0.95-3.08)	0.072
Marital status					
Married/cohabit	92(55.1)	75(44.9)	Ref		
Unmarried	38(42.2)	52(57.8)	1.68(1.01-2.82)	2.46(1.28-4.69)	0.006
Education					
Secondary/below	14(34.1)	27(65.9)	Ref		
College(Certificate/Diploma)	65(53.3)	57(46.7)	0.45(0.22-0.95)	0.49(0.18-1.36)	0.172
University(Degree/Masters/PhD)	51(54.3)	43(45.7)	0.44(0.20-0.94)	0.37(0.14-0.98)	0.046
Cadre					
Doctors	16(51.6)	15(48.4)	Ref		
Nurses	65(60.2)	43(39.8)	0.71(0.32-1.57)	0.55(0.20-1.50)	0.240
Allied health professionals	11(33.3)	22(66.7)	2.13(0.78-5.86)	1.92(0.64-5.74)	0.245
Supporting staff	38(44.7)	47(55.3)	1.32(0.58-3.01)	0.70(0.26-1.89)	0.487
Working experience					
< 5 years	40(51.9)	37(48.1)	Ref		
5-10 years	34(54.8)	28(45.2)	0.89(0.46-1.74)	1.25(0.52-3.01)	0.619
>10 years	56(47.5)	62(52.5)	1.20(0.67-2.13)	1.96(0.70-5.52)	0.201

COR: Crude Odds Ratio; AOR: Adjusted Odds Ratio

Female respondents were slightly higher dissatisfied 93(56%) than the male respondents 37(40.7%). Respondents who are married/cohabit were lowly satisfied with their career 92(55.1%) when matched to their unmarried counterparts who were reported 38(42.2%) as being unsatisfied. In adjusted odds ratio the characteristics which showed significant association were sex and marital status. Male had 1.86 times higher odds of satisfaction when matched to female and this was statistically significant [COR=1.86, 95% CI:1.11-3.12]; Unmarried group had 1.68 times higher odds of satisfaction when matched to those who are married or cohabitation status [COR=1.68, 95%CI:1.01-2.82). Results in the adjusted odds ratio indicated that only unmarried remains a significant related factor for job satisfaction [AOR=2.46, 95%CI: 1.28-4.69, P=0.006]. Being a male showed positive association but not statistically significant [AOR=1.63, 95%CI: 0.93-2.88, 0.091].

The current research found unmarried personnel and male were strongly correlated with improved job satisfaction. However, a similar study in Tanzania showed a mean scale score of job satisfaction which was not statistically significant between male and female (Mpembeni et al., 2015). These results are not in line with another research that examined gender dissimilarities in job quality and job satisfaction which found out that female health care providers showed greater level of satisfaction (Miao et al., 2017). Similarly, Garcia et al., (2013) researched the role of gender and age in job satisfaction among health workers, where it was reported that there was irresistible indication of the feminization of almost all health workers involved in the research, with improved degrees of job satisfaction among females than males. The probable explanation to this situation of the Tanzanian and Chinese context could be a result of the difficult work environment such

as harassment to women, accumulated family responsibilities on women and the culture that is largely patriarchal.

These current findings are comparable to a research done in Nigeria by Ayodele et al., (2014) which revealed that staff who are married were not satisfied with job compared to unmarried ones. This could be as a result of the nature of particular jobs such as health care delivery which are stressful and demanding. Based on the fact that the married employees have financial commitments and family assignment to carry on after working hours, such a situation could potentially lead to dissatisfaction as opposed to their counterparts who have no family obligations after working hours.

In this study, satisfaction rate among different cadres as presented from the findings showed that nurses constitute 35% less likely satisfied when compared to doctors [Adjusted OR=0.65, 95%CI: 0.27-1.58, p=0.345]; allied health professionals was 2.20 times high odds of job's satisfaction when compared to doctors [Adjusted OR=2.20, 95%CI: 0.77-6.27, P=0.141]; supportive staff had 1.14 times high odds of job's satisfaction when compared to Doctors [Adjusted OR=1.14, 95%CI: 0.48-2.72, p=0.766]; but none of the cadre was observed statistically significant. A similar study by Kožuchová1 et al (2015) showed that job satisfaction of health workers in the nursing cadre who were employed in institutional healthcare facilities largely influences their over-all life satisfaction. A similar research which was done by McHugh et al., (2011) established that nurses' evaluations of the inclusive quality of their job atmosphere comprising variables such as supervisory support, sensitivity of administration to addressing challenges in service delivery in the hospital wards as identified by nurses, and doctor-nurse working relationships were expressively related not merely with exhaustion and job satisfaction, but also together with nurses' fulfilment and benefits with the inclusion of salary. It has to be remembered that nurses constitute the biggest group of

human resource for health and that the more contented nurses are, the less the turnover; and subsequently the greater the productivity. Contentment of nurses lessens costs and raises profit of the institution. Therefore, improving satisfaction among nurses would be a milestone to any health care facility.

The current result is different from a research carried out in Nigeria which showed that the rate of job contentment among doctors and nurses presented comparable results where doctors were more contented with career than the nurses (Martins *et al.*, 2016). In a study conducted in Kisarawe district of Pwani Region, nurses who indicated low level of satisfaction at work place were also realized not to have good rapport with their clients and their nursing chores, which resulted to substandard nature of care (Kasanga, 2017). This situation is supported by the job satisfaction model namely Affect theory (1976) whose major principle states that contentment is influenced by a divergence between what an personnel desires in a job and what he has in that particular job. The way a personnel values one facet e.g. autonomy influences the satisfaction/ dissatisfaction level. Doctors by far enjoy job autonomy at workplace compared to nurses. As a result, doctors become much more satisfied at workplace than nurses. It is worth noting however, that the current study did not show any difference which is statistically significant on the variable of profession.

Regarding the age of respondents, the current study found that the difference which existed in age by satisfaction level was not statistically significant. This is in agreement with the study by Kolo (2018) found that variables such as age, gender, matrimony, profession, experience of work and tribe/ethnicity background were found to have no significant associations. Unlike the study by Lu et al., (2016) which showed that higher level of not being satisfied were stated by employees between 41 and 50 years old when compared to lower ages. It was observed that employees are satisfied by other variables

other than demographic namely reward (income) and the willingness to serve others especially in need, the latter suggestive of the dispositional approach to job satisfaction. Also, in a study by Tabatabaei et al., (2012) which examined relationship of job contentment and demographic features in Iran found out that, there was a relationship between workers' job gratification and some demographic variables such as sex, age and education.

4.7 The Influence of Institutional Governance on Job Satisfaction

A logistic regression model for the satisfaction level was employed to establish the relationship between institutional governance and job satisfaction. The extent of satisfaction was dichotomous and coded as 1 if satisfied, otherwise 0. Independent variables were numerical values following scores from Likert scale measured 1 to 5 points. Both bivariate and multivariate logistic regressions were used to compute unadjusted odds ratios as well as the adjusted odds ratio correspondingly. In the bivariate logistic regression factors that showed positive influencing job satisfaction included decision making [AOR (95%CI): 1.41(1.26-1.57)], Job security [AOR(95%CI): 1.30(1.19-1.42)], Team work [AOR(95%CI): 1.25(1.16-1.36)] and Good supervision [AOR(95%CI): 1.33(1.22-1.46)]. All these factors were run in the multivariate model to adjust possible confounders and modified effects. In multivariate logistic regression only decision making and good supervision remained statistically significant associated with job's satisfaction [1.21(1.07-1.38), p=0.002] and [1.16(1.03-1.31), p=0.014] respectively (see Table 4.7).

Table 4. 7

Association between Institutional Governance factors and Job Satisfaction (N=257)

Variables	Unadjusted OR (95% CI)	Adjusted OR (95% CI)	P-value
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Decision making	1.41(1.26-1.57)	1.21(1.07-1.38)	0.002
Job security	1.30(1.19-1.42)	1.08(0.97-1.20)	0.186
Teamwork	1.25(1.16-1.36)	1.04(0.93-1.16)	0.481
Good supervision	1.33(1.22-1.46)	1.16(1.03-1.31)	0.014

These findings are supported by the Herzberg's motivator-hygiene framework which asserts that 'hygiene' factors like company policies, career safety and working environment are related with job dissatisfaction. However, a study by Rickli, (2010) showed that the job satisfaction facets of decision making, job security and supervision were at moderate levels regarding their influence to job contentment. This conforms to the view that a greater inherent drive will improve job productivity and exertion on a lengthier period. There are various intrinsic components such as job self-sufficiency, stimulating work, acknowledgement, flexible working hours, accomplishment, less stress rates and management. These factors according to Robbins and Judge (2009) show the perceived usefulness that a person using the system will be satisfied, making his performance increase as well. A job with maximum degree of job security signifies that the personnel who is employed would have a slim chances of losing the job.

Perceived organizational support (POS) according to Rhoades & Eisenberger (2002) signifies the degree employees consider their organization is considerate of them, and the extent to which their efforts to build a robust organization are acknowledge by the management of the organization. When employees realize that their contribution is valued by their organization and that decision making is participatory, it provides them a feeling of being part and parcel of the institution that leads to higher levels of satisfaction. This is evidenced in the current research on the variables which had significance influence on job satisfaction, which are job safety, team work and good supervision. These variables maintain belongingness and esteem which Maslow's pyramid of needs postulates that they contribute to staff satisfaction as the findings above showed.

Adequate support supervision is important variable in job satisfaction as this study showed. As Gedif et al., (2018) maintains, human resource for health who receive sufficient supervisory reinforcement in their job were more likely to be contented when matched with those who did not get sufficient support. This observation is comparable with another research by McAuliffe et al., (2013) which underscores the necessity of supportive supervision as a mechanism or retaining staff. This might be described on the ground that sufficient and efficient supervisory support would likely inspire employees, resulting into fulfillment at their workplace. The need to supervise in a manner that is supportive is fundamental to employees as they get a feeling of being respected and valued for the contribution they are making to the institution. As a result, such feelings facilitate the learning process and enable them to improve their performance; an achievement that is likely to bring job satisfaction.

This research revealed that the process of making decisions is correlated with determining job gratification. The possible explanation this could be the fact that being involved in the governance assures employees of the way they are valued by the managers of the institution. Gedif et al., (2018) in their study found that human resource for health who experienced democratic governance at their workplace were more likely to be contented with their career than their colleagues who experienced a different style of leadership. This can be elucidated on the ground that employees working under democratic style of leadership have higher chances of participating in the process of making decisions especially the ones that affect their general wellbeing. A comparable result was established from a research that was done in Sweden in which the freedom of making decisions for workers is very vital for the institutional advancement. As per the results of the study, administrative support concerning the freedom of making decisions increases

job satisfaction and minimizes job related fatigue amongst doctors (Von Vultee et al., 2007). Based on this finding, it would be of vital importance to carefully consider leadership style to be employed if managers would wish to enhance job satisfaction among the workers.

This research showed that job security had association to job satisfaction but not statistically significant. If employees have no assurance of their job security that could be a result of unfair performance appraisal, the likelihood of being contented with their career becomes minimal. The findings of performance evaluation could be so threatening such that employees feel very insecure about their job. This is supported by a study by Mengistu and Bali (2015) which found the strongest factor which influenced job satisfaction in their study to be performance appraisal that constituted 53.29% of the variance of job satisfaction. Staff who construe that resolutions regarding promotion are concluded in an impartial and objective manner have higher chances of experiencing contentment at their workplaces (Witt & Nye, 1992). Usually workers are demoralized and discontented with their jobs because of subjective appraisal. Thus, it is of paramount significance for institutions to ensure an unbiased and objective procedure in terms of practices and guidelines so that employees will be discriminated and eventually get frustrated as they receive feedback on the appraisal exercise. Often times, institutions which follow fair and objective process to promote workers establishes a culture of confidence, trustworthiness and beliefs in the entire institution. In the event when a worker receives unbiased promotion, which is usually grounded on his genuine appraisal, he gets the expected category of recognition and thus improves his job contentment. This is in agreement with a study conducted in Norway which explored factors of job satisfaction among human resource for health (doctors, nurses and auxiliaries) in Norwegian hospitals and established that the sole domain of job that considerably influenced high job gratification

and applicable for all cadres was objective appraisal which leads to promotion of the deserving individuals (Krogstad et al., 2000). Therefore, it is imperative for managers to ensure that performance appraisal is fair and objective with chief aim of improving performance of the individual employees that would eventually lead to institutional performance. The bottom line for the appraisal exercise is to make employees feel secure, a feeling that could improve their satisfaction level and then being translated in their day to day performance.

The variable of team work from this study was affirmed to have substantial relationship with job contentment. This conforms to a study by Kalisch et al., (2010) which reported that among nurses who work with patients in critical care units, it was teamwork spirit and right insights of sufficient staffing which led to improved job contentment with the present designation and career. Therefore, in order to improve employee job gratification among staff working in critical care units, adequate staffing and promoting teamwork must be prioritized. Dahlke et al., (2018) studied how human resource for health are influenced by teamwork in the aspect of job satisfaction and pursuit to deliver the best health care. The study found out that efficacious teamwork improved their job contentment and dedication to deliver quality care to older adults; yet, views regarding team members' composition was inconsequential. Participants stated attributes of efficacious teamwork to be respect, attending, confidence, and shared objectives. Moreover, there were prospects that the management ought to build conditions that underpin teamwork. It was emphasized that things like planning, role description, and working with the staff you are familiar with had positive influence on teamwork experiences.

Herzberg theory (1959) stated concurrent results of two major components namely health and incentive on job satisfaction. Exploring and ascertaining the association can yield appropriate information and useful approaches to the managers for them to be informed of the workers' job fulfilment levels and strive to increase the percentages by job enhancement and share duties among the employees, adjust time used for breaks and refresher courses appropriate to the job stipulations. By so doing, the shortage of staff that exists among health personnel can be well breached for the purpose of improving health care delivery and hence achieve better health outcomes.

Health managers need to realise that teamwork conditions upholds an environment that nurtures acquaintance and allegiance. These two chief associations influence employees correspondingly and support them to work diligently, collaboratively and being helpful to one another. Employees hold varied abilities, shortcomings, the skills to communicate, strengths, and habits. Thus, in the event when teamwork atmosphere is not perpetuated; this can create varied challenges in the course of attaining the inclusive purpose and objectives. This scenario builds an atmosphere where workers concentrate on furthering their own accomplishments and contending against one another. Consequently, this can create hostile and unproductive working atmosphere. When there is a robust teamwork atmosphere, the entire team would be inspired and put more efforts so as to realize the common goal as agreed upon by all. This state of affairs perpetuates job satisfaction among employees as they take delight in working together.

4.8 The Influence of Working Environment on Job Satisfaction

With regard to working environment related factors; both bivariate and multivariate logistic regressions were applied. The results in bivariate logistic model indicated that the relationship with co-workers [OR(95%CI): 1.21(1.12-1.32)], tools and supportive equipment [OR(95%CI): 1.12(1.04-1.21)], working hours/workload [OR(95%CI):

1.17(1.11-1.24)], and competitive pay and compensation [1.31(1.22-1.41)] were significantly related with job gratification. However, in the multivariate logistic regression model, it was relationship with co-workers [AOR=1.17, 95%CI: 1.07-1.29, P=0.001] and competitive pay and compensation [AOR=1.37, 95%CI: 1.18-1.59), P<0.0001] only which remained significant working environment related factors for job's satisfaction (see Table 4.8 below)

Table 4. 8

Association of Working Environment Factors and Job Satisfaction (N=257)

Variables	Unadjusted OR (95% CI)	Adjusted OR (95% CI)	P-value
Relationship with co-workers	1.21(1.12-1.32)	1.17(1.07-1.29)	0.001
Tools and Supportive Equipment	1.12(1.04-1.21)	1.01(0.91-1.11)	0.926
Working hours/workload	1.17(1.11-1.24)	0.96(0.86-1.06)	0.397
Competitive pay and compensation	1.31(1.22-1.41)	1.37(1.18-1.59)	<0.001

Findings from this study showed that competitive pay and compensation contributed significantly to job satisfaction. The variable of competitive pay and compensation is a common predictor according to various studies. Khamlub et al., (2013) observed in his study that generally employees were contented with their job excluding their salary. He further explains that dissatisfaction with one's salary seemed to be a shared aspect which was also noticeable in many other studies (Goetz et al., 2011 & Kaur, 2009). Most administrators postulate that the chief stimulus for their workers is remuneration, bonuses and the benefit package in general. This implies that employers in the healthcare sector must endeavour to offer a fitting remuneration and benefit package scheme that would gratify their employees and uphold their allegiance to the organization.

A similar study in Tanzania by Leshabari et al., (2008) observed that salary levels was the major factor which influenced job satisfaction among human resource for health at the national hospital namely Muhimbili Deriba et al., (2017) observed that remuneration was the factor that had the strongest influence on job satisfaction (beta 0.448) while the next factor was acknowledgment by the administrators/supervisors (beta 0.132). Correspondingly, studies from Turkey and Malaysia established that pay was the factor with strongest influence of the overall job satisfaction factors. When the staff is well remunerated according to his justifiable wishes, he is more likely to cope with the work burden. As provided in the Herzberg's hygiene framework, remuneration is a component that improves satisfaction among workers as it enables them to make the ends meet (Bodur, 2002, Teoh et al., 2011 & The Republic of Uganda [RU], 2007). This information is useful for health managers as it will guide them in making appropriate interventions for the purpose of enhancing satisfaction level among employees which in turn will improve health care delivery.

Kolo (2018) established from his study that the major reasons for job satisfaction were gratification in supporting people in need and financial recompense (income). The salaries of health personnel majority of organizations in Nigeria are regarded to be much better especially when compared with employees in other governmental organizations. This is similar to the Tanzanian context where the income of health care workers is considerably higher than that of their counterparts in other public sectors. Job satisfaction is influenced by workers' opinions concerning the impartiality of the institution's salary scale together with the present benefit package he is being paid. This is due to the fact that dissatisfaction resulting from lack of competitive pay and compensation in this study seems to be a common issue that is found in several other researches (Akintola & Chikoko, 2016,

Kasanga, 2017; Leshabari, 2008; Mpembeni et al., 2015). It is ideal for health institutions to reinforce workers' productivity appraisal and ensure it is objective enough to warrant incentives including pay increase to the best performing employees. When employees realize that the best performing are rewarded for their excellent job, it improves job satisfaction along with the increase of performance by each staff.

This research showed significant association of the variable of relations with co-workers to job gratification. These findings conform with another study conducted in Ethiopia by Asegid et al., (2014) which established that major predictors of job satisfactions were working atmosphere and workers' solidarity. In the same line of thought, a study by Goetz et al., (2011) established that affiliations with fellow staff contributes a considerable influence on satisfaction with job. Mutual associations at the working has been identified as one of the factors that mitigates too much work burden.

It was established that a greater gratification with fellow employees could minimize tension, and as a result it leads to more positive working atmosphere (Zangaro & Soeken, 2007). Moreover, this underscores the significance of consolidating teamwork for the purpose of enabling staff time-off and build positive associations with the fellow staff. It was revealed that teamwork could inspire human resource for health to love their job as well as increasing efficiency, receptiveness, and job satisfaction. Furthermore, it is an approach which does not require finances for its implementation, hence serve as inspirational feature for staff retention (Dieleman & Harnmeijer, 2006). The possible explanation to this situation could be the fact that employees would like to be handled with admiration by fellow staff whom they serve together. A less friendly working atmosphere presenting stubborn and ill-disposed colleagues is one that regularly lowers

job satisfaction. Health administrators must consider such kind of unfriendly working environment lest they become complicated and necessitate punitive measures. From time to time, employees should remember the conduct which is rendered unfitting as they relate with fellow working staff and the consequences they may create out of their unfriendly behaviors. Thus, in order to strengthen satisfaction among human resource for health, it is of paramount importance to maintain cordial relationship among colleagues at the workplace. In the same line of thought, a study by Goetz et al., (2011) established that associations with fellow workers have a high influence career satisfaction. Mutual relations at the place of work have proved to minimize extreme burden of work.

Maslow's pyramid of needs is in line with these findings as the theory states that an individual does not perceive the subsequent requirement until the needs of the preceding has been met or the next one until the previous one has been realized and so on. It is impossible to reach the highest level which is self-actualization if the lowest level of physiological needs or the subsequent level has not been attained. Herzberg's motivation theory is in agreement to this as the features related with career discontentment are known as hygiene factors. When these components of career contentment have been sufficiently dealt with, the employees will no longer be dissatisfied. According to Herzberg, association with superior and colleagues, work environment and pay are key features which contribute to discontentment. It is however worth mentioning that this might not apply to all people as there are some who have everything but still they are unhappy, and there are other people who are willing to go without some things for the satisfaction of helping others.

In this study, the variable of tools and equipment was found not to have positive correlation to job satisfaction. Such a finding is against another study by Yami (2011) which showed that the major reasons for dissatisfaction at Jimma University Specialized Hospital in Ethiopia among others was insufficient resources and supplies. Medical equipment and tools serves a significant part in healthcare delivery. Another study conducted in Tanzania by Leshabari et al., (2008) came up with contrasting results which stated that amongst the contributing factors reported was the frequent unavailability of necessary equipment and consumables. Lack of sufficient availability can frustrate the health care delivery and end up demotivating health care workers making them less satisfied with their job. It is encouraging to realise that at the area under study, this was not a variable contributing to dissatisfaction among her employees.

In the current study, work load was not identified as a variable with significant influence to job satisfaction. This is a positive observation especially in the context of the acute shortage of staff in the key carders namely medical and paramedical staff which is at 50 percent. In the course of attempting to bridge that significant gap, workload burden is inevitable. This finding is against a study by Temesgen et al., (2018) who established that human resource for health who had higher work burden were 3.99 times more unlikely to be satisfied than health workers who had low work burden. Also Kokoroko & Sanda (2019) revealed from their study that, the burden of work among nurses had a constructive influence on their career tension, such that as the work burden of nurses intensifies the degree of tension associated to their job also intensifies. This result is contrary to some researchers who postulated that adversative working environment such as increased work burden can result into career tension among employees (Karaseki, 1979). Health care workers especially in the Sub Saharan Africa face a heavy workload due to substantial disease burden compounded by insufficient numbers of health workforce. Therefore,

health managers should commend employees who labor tirelessly particularly in a facility where shortage of HRH is considerably high.

According to Herzberg's motivator-hygiene framework, there are features which are regarded as non-task features of job that create discontentment in a working atmosphere (Hellriegel et al., 2009). Cultivating these features may minimize career discontent and thus upsurge the instigators. Insufficient hygiene features may lead to discontentment, but in the same manner, suitable hygiene features do not essentially result into job contentment (Lane, 2007). Administrators must be able to inspire each worker in the similar manner by guaranteeing the existence of the two features, which are hygiene and promoter (Walker, 2007). Hygiene facet encompasses components of the workplace conditions related with the career and contain features such as recompense and the level of a particular employee's duties. Other hygiene facets relate to an organization in its entirety and comprises institutional guidelines and management, supervision, working environment, social relations, pay, rank and safety (Wall & Stephenson, 2007). The reality that an institution has a reasonable working guidelines, remunerates her workers on time and furnish staff with suitable means to execute their tasks may not guarantee job satisfaction among employees (Bergh & Geldenhuys, 2014).

While fair policy, competitive pay and working tools are important, other hygiene factors such as supervision, interpersonal relations and working environment are equally important for employees to be satisfied with their job and work for the institutions' success (Walker, 2007). Job satisfaction and working atmosphere as maintained by Goetz et al., (2011) are essential criteria for employment and retention of human resource for health but equally important for delivery of better health care. Monetary and nonmonetary

rewards serve as inspirational factors such as improving the pay, investing in regular professional advancement and improving the working tools. The implication of conducive working atmosphere for health care workforce is to relish the assigned tasks which in turn increase the possibility of offering quality health care. It would therefore be of prime importance for managers to consider application of Herzberg motivator-hygiene theory if the institutions are to remain on course for her vision and mission as motivated and satisfied employees perform to their best.

4.9 Relationship between Professional related factors and Job Satisfaction

Concerning regard to professional related facets for job satisfaction, only two features were included in the logistic regression model for the relationship with job satisfaction. These variables were career advancement and nature of work. Both career advancement [OR(95%CI): 1.17(1.10-1.24)] and nature of the work [OR(95%CI): 1.32(1.17-1.48)] indicated positive association with job's satisfaction in the bivariate logistic regression model. Moreover, even after applying multivariate logistic regression model, all these showed significant influence to job satisfaction; career advancement [Adj. OR=1.13, 95%CI: 1.07-1.21, P<0.0001] and the nature of work [Adj. OR=1.19, 95%CI: 1.04-1.35, P=0.009] (see Table 4.9 below).

Table 4. 9

Professional related factors for job Satisfaction (N=257)

Variables	Unadjusted OR (95%CI)	Adjusted OR (95%CI)	P-value
Career advancement	1.17(1.10-1.24)	1.13(1.07-1.21)	<0.001
Nature of the Work	1.32(1.17-1.48)	1.19(1.04-1.35)	0.009

In this study, nature of work and career advancement were identified to have positive correlation with job satisfaction. Corresponding to descriptive findings, those who had been involved in patient care were more likely satisfied when compared to supportive

staff. This result is comparable with another research which conducted in Nepal by Khadka and Chaulagain (2012) that revealed patient care to have significant influence to job satisfaction. Similarly, Ramasodi (2010) who did his study in South Africa came up with a comparable result that found job satisfaction was associated with a sense of being able to deliver better healthcare to their clients. The possible explanation to this is the fact that seeing fellow human being recovering from health conditions which could otherwise threaten one's life is in itself rewarding given that any human being including the health care worker could face the same situation. Prakash (2010) asserted that patient's fondness to a particular doctor has a vital influence for the better prognosis of the patient. The implication of a patient improving from his health condition impact on the health care provider as the relationship between patient-health care provider fosters, a result that satisfy the health workforce because the improvement is interpreted to be a success of his/her performance. The attitude of taking delight because of noticeable progress of patients serves as a significant parameter which contributes to job satisfaction.

In this study, the nature of work was established to have significant influence to job satisfaction. The variables such as job autonomy and sense of pride for the type of profession had a positive correlation to job satisfaction. Khamlub (2013) observes three major ranks of gratification which were the liberty to select one's approach of doing his job, the degree of diversity in the job, and the extent of obligation. This is in agreement with Affect theory which says that the degree in which an employee rates a particular feature of job (e.g. the level of self-sufficiency in a certain rank) regulates how contented/discontented the staff would be when prospects are/aren't met. If a staff regards a specific feature of a job, his contentment is considerably influenced both constructively (when prospects are realized) and adversely (when prospects are not realized), matched

to a particular individual who doesn't regard that feature. Health care delivery by itself creates its relevance and significance given that it deals with people's lives. It is that strength which brings job meaningfulness to health care workers, a situation which can be regarded of as the sense that employee's job contributes to the nation, a particular community, an individual etc. At the center of an institution, a clear mission and vision are vital due to the fact that they offer roadmap and leadership as well as petitioning to customers to be able to access their services (SHRM Report, 2016). Health care workers are satisfied when they have autonomy of work and the prestige that comes as a result of respect given to them by the community in which they render their services.

According to Hackman and Oldham (1975), there are five key job facets in Job Characteristics Model (JCM). These are: skill diversity, job character, job implication, independence and feedback. Possession of these characteristics leads to job satisfaction. Apart from autonomy experienced by health care workers, they also have task identity and task significance that perpetuates job satisfaction among them. The job characteristics Model (JCM) signifies that job fulfilment happens when the working conditions reassures inherently stirring features. Health care delivery requires these characteristics to be applied on a daily basis, which in the process creates the satisfaction among health care workers.

As revealed in this study, the nature of work has significant association to job satisfaction. Against some generally held perceptions, the most prominent circumstantial influence on job contentment is the nature of the job itself commonly known as "intrinsic career characteristics." Studies for long time reveal that when personnel are inquired to examine various features of their career such as management, remuneration, promotion professional advancement, colleagues and so on; it was the nature of the job which

normally came up as the most significant job feature (Judge & Church, 2000; Jurgensen, 1978). Of course this does not underestimate competitive pay or effective supervision; but rather, it is the work essence that influences job satisfaction as it ensures that the job is stimulating and inspiring as to the highest level possible. Regrettably, there are some administrators who think workers are very eager of the salary at the expense of forfeiting other work attributes such as stimulating job.

In a study which investigated on the significance of job characteristics, the participants of that research rated stimulating career as the most significant job characteristics and competitive pay came fifth. Interestingly, when leaders when inquired on the views regarding what do workers wanted most, competitive pay came up as number one whereas stimulating job was rated at number five (Kovach, 1995). Among the main job satisfaction variables, the following had the highest influence on general job satisfaction: contentment with the essence of the job itself which incorporates such aspects as job challenge, self-sufficiency, and diversity as well as other essential results such as staff retention (Fried & Ferris, 1987; Raza et al., 2018). Therefore, for the purpose of comprehending what influences staff satisfaction with their work, the essence of the work itself must be given the justifiable priority. An interesting job will make the staff perform well but also energized to deliver at his best for the betterment of the institution which in turn reciprocate at the individual employee. Every health manager is supposed to pursue new approaches of motivating workers who deliver at their best by increasing their scope of job (Jawahar & Hemmasi, 2006). The perceived ease of use can make an individual start believing that using a particular system is not complicated and does not need much effort and this will result in employees enjoying their work.

Findings from the assessment of measuring satisfaction level (Fig 4.2) showed that promotion scheme is the major factor that has contributed significantly to dissatisfaction among human resource for health in the area under study. This situation is in line with the findings of Noor et al (2015) who did a study to determine the impact of job promotion and job advancement on job satisfaction, which revealed existence of a significant relationship between promotion opportunity and job gratification. Kasanga (2017) maintains that nurses reported dissatisfaction due to less promotional opportunities. In the same vein, Herzberg theory of motivation points out that growth and promotional opportunities in an organization have association with job satisfaction. Luthans (1992) suggests that advancements might come in diversified forms and are they usually go with varied incentives. Thus, advancement prospects have degree of difference in the manner that it influences job satisfaction, and it is significant to consider it when preparing important working tools especially promotion policies which aim at enhancing staff satisfaction. A similar study conducted in Ethiopia revealed that in most cases, job dissatisfaction was due to inadequate opportunities for further studies and professional advancement (Mengistu et al., 2015). A study by Ayalew and Workineh (2017) which assessed job gratification among nurses revealed that professional development, job security and acknowledgement were the major factors which impacted job satisfaction among nurses. For personnel to be gratified with their job, health managers must give the deserving gravity on promotional opportunities.

Research shows that training opportunities for employees is important. The highest need as per Maslow's hierarchy is individual attainment. This is the reason employees have that persistent wish of constant knowledge inquiry and advancement. Therefore, provision of opportunities for further studies for the workers will give them a room to expand their understanding and skills that can guide them towards better performance. Training

programs for the employees are considered as a well-balanced solution for both the workers and the managers alike. When employees acquire the necessary skills they need, it is actually an investment that employers can count on for an improved performance.

Workers are more gratified with their present job if they realize there is a noticeable future accessible to climb the ladder and reach higher positions which expectedly do come up with competitive recompense. This conforms to the results of a research that was done in South Africa by Akintola and Chikoko (2016) who identified four motivators of job satisfaction namely advancement to managerial rank, attainment of job skills, access to prospects which enables them to advance programmes and build capacity, and opportunity to grow professionally. Many organizations motivate workers to obtain more unconventional skills that will open opportunities for them to climb the ladder and get the higher positions. Some institutions are ready to sponsor their employees on the cost-sharing basis for their workers to be able to pursue further studies because they hope for a win-win outcome. It would therefore be a good practice to ensure that during an annual staff evaluation, a managers must map out well designed plan which indicates what a particular employee needs in terms of further development in order to accomplish a certain level of tasks and identify the new skills required by each so as to be on a track to advancement within that particular institution.

4.10 General summarized factors related with job satisfaction

In the general summarized factors influencing job satisfaction; the findings indicates strong correlation between job satisfaction by institutional governance ($r=0.571$), working environment factors ($r=0.533$, and professional factors ($r=509$). Institutional governance and working environment factors were observed to have significant contribution on job satisfaction both had $P<0.0001$; professional factors also was significantly related with job satisfaction among human resource for health at KCMC (see Table 4.10 below).

Table 4. 10***Linear Regression Model: Factors Associated with Job Satisfaction (N=257)***

Factors	Pearson correlation	Unstandardized Coefficients	Standardized Coefficients	Sign test	
	%	B	Beta	T	P-value
Institutional Governance	0.571	0.106	0.316	4.916	<0.0001
Working environment factors	0.533	0.073	0.234	3.700	<0.0001
Professional factors	0.509	0.106	0.206	3.367	0.001

The findings from chapter four indicated that institutional governance, working environment and professional factors had statistically significant association with job satisfaction. Variables such as the prospects to advance, nature of work and workers relationships were observed to make a substantial contribution to job satisfaction. This is in conformity with the two-factor framework as postulated by Herzberg that presents diversified facets such as instigators leading to contentment: accountability, attainment, acknowledgement and chances to develop. Causes of dissatisfaction in this research were comparable with the hygiene facets accountable for work dissatisfaction, which is comprised of pay, the value of supervisory support and the working environment. Respondents reported low job satisfaction due to low pay, not being part of the decision making process, lack of opportunities for career advancement. Employees' needs and motivators vary considerably; thus, identifying what motivates them and coming up with the right and timely interventions can improve satisfaction considering the nature of health care which can easily affect staff who are on low job morale.

Therefore, job dissatisfaction have negative effects to the institution as well as the employees. If job dissatisfaction perpetuates, the institution will probably suffer as employees will deliver poor and substandard service. Employees with low satisfaction will usually lack loyalty and commitment to the institution and could choose not to come regularly for work. If these occurrences are aggregated, it is evident that they will lead to

low productivity and as it is obvious with health care, it could result into devastating effects to the clients, a scenario that is likely to ruin the reputation of any health facility.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter highlights the summary, conclusion and recommendations of the research conducted on factors influencing job satisfaction at a referral consultant hospital namely Kilimanjaro Christian Medical Centre. This health facility is a faith based institution, which is postulated to be a role model of love and care for the needy and wounded people.

5.2 Summary

This thesis report began with chapter one that introduced the reader into the research title through study background followed by the statement of the problem. The broad objective of this research was to ascertain factors that impact job contentment among health workers in Tanzania, with a case of Kilimanjaro Christian Medical Centre. Specific objectives of the study focused at assessing how demographic characteristics impact job satisfaction among the health personnel, determine the influence of institutional governance on job satisfaction among healthcare providers, examine the working environment factors effect on job satisfaction among health personnel and to scrutinize how professional related factors influence job gratification among human resource for health at Kilimanjaro Christian Medical Centre.

Chapter two presented various literatures on the subject both at national and international level. It also looked at different theories which underpin the subject matter under study.

Chapter three presented the methodology; featuring the aspects of research design, target population, sampling procedure, instrumentation, approaches to data collection and data analysis. The chapter number four presented results and discussion of the results whereas the last chapter presented the summary of the thesis, conclusion and recommendations.

The study found only one variable of demographic characteristics namely marital status which had statistically significant association to job satisfaction. The unmarried staff were gratified with their job slightly higher than the married. Males had 1.63 times higher odds of satisfaction when compared to females, but the association was not statistically significant. On the institutional governance factor, decision making and supervisory support were found to be major variables whose association to job satisfaction were statistically significant. Regarding the working environment factor, two major variables were found to have significant contribution to job satisfaction. These two are relationship with co-workers and pay & compensation. On professional related factors, two major variables were established to have substantial contribution to job satisfaction. These were career progress and the nature of the work itself.

5.3 Conclusion

Job satisfaction of healthcare workers is a vital component of ensuring better delivery of health care. The broad objective of this research was to ascertain factors that impact job contentment of human resource for health at the Kilimanjaro Christian Medical Centre. The results of this research revealed a modest level of job satisfaction among the health personnel studied. According to the findings of this research, it was revealed that human resources for health working at Kilimanjaro Christian Medical Centre are satisfied at a percentage rate of 49.

Demographic characteristics revealed to have significant association with job satisfaction is marital status in which married male health workers were noted to be much more satisfied than the married women working at the hospital. On the variable of profession, association was noted but not statistically significant. A study that would examine deeper as to why the married females are unsatisfied with their job could offer insights on the possible interventions.

On the governance factor, the study established that there was a constructive and substantial correlation between job fulfilment and two major variables namely decision-making process and supervisory support. These findings show that strengthening of decision making process by making it more participatory would lead to ownership of those decisions. Equally important, supportive supervision would increase the likelihood of job satisfaction among employees, hence improve the quality of service to the clients.

With regard to working environment, it was established that the major predictors of job satisfaction were relationship with fellow staff and competitive pay and compensation. Respondents maintained that when their employer does not give the due significance to the aspects pertaining to their general wellbeing; it demotivates them, hampers their commitment to their job which by nature is stressful and consequently and thus affect the job satisfaction level. Efforts exerted towards improving job satisfaction should therefore focus on fostering relationship among workers and offering competitive pay and compensation for the employees. Different approaches to this could be in terms of spoken support, letters of acknowledgement for duties conducted well, provision of chances of short- and long-term studies for employees who were outstanding their performance, and building an atmosphere where quality service produces self-motivation for the employees.

The professional related factor identified career advancement and the essence of the work as the chief predictors of job contentment among health care professionals. Staff need to get access to professional development on a regular basis to empower them for the ever demanding health care service. The nature of work as another major predictor is largely influenced by career advancement which if properly done provides the employee with the necessary knowledge, skills and competencies for better health care delivery. Hospital management should provide opportunities of career advancement to the employees that would equip them more for better health care service. The management should create and

perpetuate challenging and exciting tasks in which health care professionals find their job exciting and rewarding. Consequently, that it would reciprocate to the health care workers being satisfied with their job and thus improve job the quality of care.

5.4 Recommendations

On the ground on the findings from this study, four suggestions are made for consideration:

- i) The hospital management should intensify the employees' involvement in decision making decisions of the hospital for ownership purpose and successful implementation
- ii) The hospital management should introduce and use monetary and non-monetary forms of motivation frequently.
- iii) Enabling environment such as proper delegation and supervisory support should be created by the management to all departments to enable the employees apply the newly acquired knowledge and skills with sufficient freedom.
- iv) The management should ensure that promotion criteria is known to all employees and is carried out on fairness terms.

5.5 Suggestions for further research

There are two areas which calls for further research, these are:

- i. A research on how employee's faith contributes to job satisfaction as a pivotal endeavors towards refining quality of health services in the health industry.
- ii. A study that examines why job characteristics are significantly more persuasive to job gratification than dispositional approach to job contentment.

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APPENDICES

APPENDIX I: RESEARCH TOOLS

Part A: Socio-demographic characteristics of participants

1. Sex.....
2. Age.....
3. Marital Status (circle the appropriate): single, married, divorced, widowed
4. Job Title.....
5. How long have you worked at this hospital.....
6. What is your level of education (circle the appropriate).
 - a) Primary education
 - b) Secondary education
 - c) Certificate holder
 - d) Diploma holder
 - e) Degree holder
 - f) Masters holder
 - g) PhD holder

Part B: Factors influencing job satisfaction

Please decide how you feel about each aspect of your job described by the statement and tick the appropriate box that applies specifically to you:

Key: 5 = Strongly Agreed; 4 = Agreed; 3 = Uncertain; 2 = Disagree; 1= Strongly Disagree

S/N	Statements	5	4	3	2	1
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INSTITUTIONAL GOVERNANCE FACTOR

Decision making process

1. The vision and mission of the institution are clear to me
2. There is effective communication in our institution
3. I am usually involved in the decision making process
4. My ideas to improve performance are valued
5. Conflict resolutions at workplace are well handled

Job Security

6. Problems can be expressed freely to my seniors
7. I can conduct free discussion with my supervisors including challenging them where need be
8. There is non-threatening way of communicating the weakness of employees.
9. There are many rules and regulations which threatens my job
10. Performance appraisal is fair and objective

Team work

11. Team meetings are compelling, not boring
12. Team work is highly promoted by the management of the institution
13. Workers are committed to decisions made as a team even when there was disagreement in the beginning.

14. During team meetings, the most important and difficult issues are put on table to be resolved
15. Team members genuinely apologize to one another when they say or do something inappropriate or possibly damaging to the team

Supervision

16. My supervisor is usually fair to the subordinates
17. My supervisor is interested with the general wellbeing of the subordinates
18. Work assignments are clearly explained
19. There is good atmosphere of cooperation between staff and management
20. My supervisor provides adequate support to the subordinates so as to improve performance

WORKING ENVIRONMENT FACTOR

Relationship with co-workers

21. I like the people I work with
22. There is harmonious working relationship with my colleagues
23. I can depend on my colleagues for support when needed
24. I receive deserving support from my colleagues when I face social challenges
25. My job is valued by fellow co-workers

Tools and Equipment

26. There are enough medical supplies and equipment to facilitate my job
27. The available equipments are efficient and effective
28. There is adequate availability of medicines/drugs

29. Reagents to perform laboratory tests are readily available

Workload

30. There is too much work expected from me
31. I am regularly stressed at workplace because I have too much to do
32. I don't have to do overtime regularly due to adequacy of staff
33. I never miss my break times for tea and lunch because there is no much work

Competitive pay and compensation

34. When I do good job, I am appreciated by my supervisor
35. I feel I am being paid a fair amount for the work I do
36. My income is sufficient to meet family expenses
37. The pay and allowances scheme is clear and open to me
38. The compensation scheme is good and usually adhered to

PROFESSIONAL RELATED FACTORS

Career advancement

39. I have ability to improve knowledge and skills from my job
40. Seminars and workshops are conducted for further career development.
41. I have opportunity to implement the knowledge acquired during training
42. Management encourages staff to acquire additional qualifications through short term and long term programs

- 43. I am satisfied with opportunities for training and career development available
- 44. I am encouraged to participate in external training to build my knowledge and skills

Nature of work

- 45. I have enough freedom to how I do my job effectively
- 46. I feel a sense of pride in doing my job
- 47. I have ability to do the best of my work
- 48. I live happy life because I am delighted of my career choice
- 49. Patients / clients appreciate what I do for them
- 50. I am proud to be a staff of this hospital

PART C: Measuring Satisfaction levels

Please decide how you feel about each aspect of your job described by the statement and tick the appropriate box that applies specifically to you:

- Key: 5 = Extremely Satisfied**
4 = Satisfied
3 = Partially satisfied
2 = Dissatisfied
1 = Extremely dissatisfied

S/N	Statement	5	4	3	2	1
1	Physical working condition					
2	Recognition for work					
3	Income/Benefit package					

- 4 Hours of work
- 5 Promotion
- 6 The job in general

APPENDIX II: CONSENT FORM

Kenya Methodist University

P. O Box 267-60200

MERU, Kenya

SUBJECT: INFORMED CONSENT

Dear Respondent,

My names areI am a Msc student from Kenya Methodist University. I am conducting a study titled: -----

the findings will be utilized to strengthen the health systems in Kenya and other Low-income countries in Africa. As a result, countries, communities and individuals will benefit from improved quality of healthcare services. This research proposal is critical to strengthening health systems as it will generate new knowledge in this area that will inform decision makers to make decisions that are research based.

Procedure to be followed

Participation in this study will require that I ask you some questions and also access all the hospital's department to address the six pillars of the health system. I will record the information from you in a questionnaire check list.

You have the right to refuse participation in this study. You will not be penalized nor victimized for not joining the study and your decision will not be used against you nor affect you at your place of employment.

Please remember that participation in the study is voluntary. You may ask questions related to the study at any time. You may refuse to respond to any questions and you may stop an interview at any time. You may also stop being in the study at any time without any consequences to the services you are rendering.

Discomforts and risks.

Some of the questions you will be asked are on intimate subject and may be embarrassing or make you uncomfortable. If this happens; you may refuse to answer if you choose. You may also stop the interview at any time. The interview may take about 40 minutes to complete.

Benefits

If you participate in this study you will help us to strengthen the health systems in Kenya and other Low-in- come countries in Africa. As a result, countries, communities and individuals will benefit from improved quality of healthcare services. This field attachment is critical to strengthening the health systems as it will generate new knowledge in this area that will inform decision makers to make decisions that are research based.

Rewards

There is no reward for anyone who chooses to participate in the study.

Confidentiality

The interviews will be conducted in a private setting within the hospital. Your name will not be recorded on the questionnaire and the questionnaires will be kept in a safe place at the University.

Contact Information

If you have any questions you may contact the following supervisors:

1. -----2.....*Dr. Wanja Head of Department of Health Systems Management of Kenya Methodist University, Nairobi campus.*

Participant’s Statement

The above statement regarding my participation in the study is clear to me. I have been given a chance to ask questions and my questions have been answered to my satisfaction. My participation in this study is entirely voluntary. I understand that my records will be kept private and that I can leave the study at any time. I understand that I will not be victimized at my place of work whether I decide to leave the study or not and my decision will not affect the way I am treated at my work place.

Name of Participant..... Date.....

Signature.....

Investigator’s Statement

I, the undersigned, have explained to the volunteer in a language s/he understands the procedures to be followed in the study and the risks and the benefits involved.

Name of Interviewer.....Date.....

Interviewer Signature.....

APPENDIX III: ETHICAL CLEARANCE



KENYA METHODIST UNIVERSITY

P. O. BOX 267 MERU - 60200, KENYA
TEL: 254-064-30301/31229/30367/31171

FAX: 254-64-30162
EMAIL: info@kemu.ac.ke

24TH JULY 2018

Msanya Deogratius Modest
HSM-3-3378-3/2015

Dear Msanya,

RE: ETHICAL CLEARANCE OF A MASTERS' RESEARCH THESIS

Your request for ethical clearance for your Masters' Research Thesis titled "**Factors Affecting Job Satisfaction among Human Resource for Health in Tanzania: A Case of Kilimanjaro Christian Medical Centre Referral Hospital**" has been provisionally granted to you in accordance with the content of your project proposal subject to tabling it in the full Board of Scientific and Ethics Review Committee (SERC) for ratification.

As Principal Investigator, you are responsible for fulfilling the following requirements of approval:

1. All co-investigators must be kept informed of the status of the project.
2. Changes, amendments, and addenda to the protocol or the consent form must be submitted to the SERC for re-review and approval **prior** to the activation of the changes. The Proposal number assigned to the project should be cited in any correspondence.
3. Adverse events should be reported to the SERC. New information that becomes available which could change the risk: benefit ratio must be submitted promptly for SERC review. The SERC and outside agencies must review the information to determine if the protocol should be modified, discontinued, or continued as originally approved.
4. Only approved consent forms are to be used in the enrollment of participants. All consent forms signed by subjects and/or witnesses should be retained on file. The SERC may conduct audits of all study records, and consent documentation may be part of such audits.

5. SERC regulations require review of an approved study not less than once per 12-month period. **Therefore, a continuing review application must be submitted to the SERC in order to continue the study beyond the approved period.** Failure to submit a continuing review application in a timely fashion will result in termination of the study, at which point new participants may not be enrolled and currently enrolled participants must be taken off the study.

Please note that any substantial changes on the scope of your research will require an approval.

Yours sincerely,



DR. WAMACHI
Chair, SERC

cc: Director, RI & PGS

APPENDIX IV: PERMISSION FROM KCMC TO CONDUCT THE STUDY




KILIMANJARO CHRISTIAN MEDICAL CENTRE
An institution of the Good Samaritan Foundation
P. O. Box 3010, Moshi, Tanzania
Tel: 255-027-2754377/ 80 Fax: 255-027-2754381

Email: kcmcadmin@kcmc.ac.tz Website: <http://www.kcmc.ac.tz>
Our Ref No: KCMC/P.I/Vol. IX

20.09.2018

REV. DEOGRATIUS MSANYA,
KCMU College
P.O.BOX 2240,,
Moshi-Tanzania.

RE: REQUEST FOR PERMISSION TO CONDUCT A STUDY AT YOUR FACILITY.

In reference to the above heading.

I would like to inform you that, permission is hereby granted for you to conduct Data Collection at our Facility starting as from the date of this letter, 2018. **The Research Title: Job Satisfaction among human resource for health at KCMC Hospital.**

We hope that after completion of this study you will come back to share with us your findings for the future benefits and reference of our institution.

However, you may note in advance that during your study at KCMC you should to adhere medical ethics, procedures, rules and regulations that stipulated at our facility.

However upon completion of your research study at our facility you should to bring a copy of your final report at KCMC Hospital Management department/unit.

You're warmly welcome.


Said Mdimu
For: EXECUTIVE DIRECTOR



Copy: To all HoD's